Consolidated Homeless Grant

Certification of Payment Obligation/Potential Eviction from Friend or Family

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| **Client Housing Status** (check one) |
| Applicant already lives with friend/family and is being evicted *Complete all sections below.* | [ ]  | Applicant is moving in with friend/family *Complete sections 1-5 below.*Move In Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |
|  |  |  |  |
| 1. **Client Information**
 |
| Name |       |
| Phone |       | Email |       |
| Address where applicant is staying or will stay |
| Street |       |
| City |       | State/ZIP Code |       |
| 1. **Friend/Family Information**
 |
| Name |       |
| Phone |       | Email |       |
| Address where rent payment should be sent |
| Street |       |
| City |       | State/Zip Code |       |
| 1. **Rental and Payment Information**
 |
|  Agreement End Date [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(enter date) **OR**  Month-to-Month Agreement [ ]   |
| **Amount of Payment Required** |
|  **Past Due** |
| Rent | Total amount past due |       |
| Months for which payment is past due |       |
| Utilities | Total amount past due |       |
| Months for which payment is past due |       |
| **Current or Anticipated** |
| Rent | Monthly Amount |       |
| Utilities | Monthly Amount |       |
| **Complete the following for utility payments** |
| Utility provider |       |
| Account number |       |
| 1. **Client Certification**
 |
| I certify that the above information is true and accurate to the best of my knowledge. |
| *Client Signature Date* |
| 1. **Friend/Family Certification**
 |
| I certify that I will accept the above payment(s) to provide housing for the applicant. I am not in the business of rental real estate as defined in the [Landlord Tenant Act](http://apps.leg.wa.gov/rcw/default.aspx?cite=59.18), however I do provide safe and habitable housing. |
| *Friend/Family Signature Date* |
| 1. **Friend/Family Certification of Eviction (*Required only for clients being evicted*)**
 |
| I certify that I will evict the applicant within 14 days if I do not receive the above payment(s). |
| *Friend/Family Signature Date* |
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