

# WAYNE COUNTY HUMAN SERVICES AGENCY HOUSING DEPARTMENT

BRIAN W. SMITH, CHAIRMAN  
Damascus Township, PA

JOSEPH W. ADAMS  
Salem Township, PA

JOCELYN CRAMER  
Damascus Township, PA



MICHELLE VALINSKI  
HSA Administrator

LORI O'MALLEY  
HSA Deputy Administrator

HEATHER MISZLER  
HSA Housing Coordinator

## Emergency Rental Assistance Program

### LANDLORD CERTIFICATION

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. The renter is at least one month in arrears of rent payment and is in danger of eviction or the renter is an existing/new tenant and is requesting funding for occupancy at this location:

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I accept payment for said arrearage or occupancy.

I refuse to participate and will not accept payment.

Monthly Rent: \$ \_\_\_\_\_ Rental Arrears: \$ \_\_\_\_\_

**1) Printed Landlord Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2) Printed Tenant Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Landlord \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date