

WAYNE COUNTY HUMAN SERVICES AGENCY HOUSING DEPARTMENT

BRIAN W. SMITH, CHAIRMAN
Damascus Township, PA

JOSEPH W. ADAMS
Salem Township, PA

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Damascus Township, PA



MICHELLE VALINSKI
HSA Administrator

LORI O'MALLEY
HSA Deputy Administrator

HEATHER MISZLER
HSA Housing Coordinator

Emergency Rental Assistance Program

TENANT CERTIFICATION

I CERTIFY THAT:

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

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearage or occupancy.

Monthly Rent: \$ _____ Rental Arrears: \$ _____

1) **Printed Landlord Name:** _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

2) **Printed Tenant Name:** _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Landlord

_____/_____/_____
Date

Tenant

_____/_____/_____
Date