



Rental Verification

Health and Human Services Division Indigent Health Care

Client Name: _____

This document is formal verification that _____ lives in my property at
Name of Tenant

_____ Street City State Zip

and pays \$ _____ per week / month. _____ has been renting
(circle one) Name of Tenant

from me since _____ . I, _____ affirm that this is a verbal
Date Tenant moved in Name of Landlord

agreement between myself and the tenant; there is no written lease / rental agreement available.

Verificacion de Alquiler

Esta documento es la verificacion formal de que _____ vive en mi propiedad
Nombre del Inquilino

_____ Direccion Ciudad Estado Codigo Postal

y paga \$ _____ por semana / mes. _____ me ha estado
(circular uno) Nombre del Inquilino

alquilando desde _____ . Yo, _____ afirmo que este es un acuerdo
fecha en que el Nombre del Propietario
inquilino se mudo

verbal entre el inquilino y yo; no hay un contrato de arrendamiento / alquiler disponible.

Landord's Printed Name: _____ Landlord's Phone Number: _____

Landlord's Address: _____ Street City State Zip

Signature of Landlord: _____ Date: _____