

**STATE OF CONNECTICUT DEPARTMENT OF HOUSING  
CONNECTICUT HOUSING FINANCE AUTHORITY  
HOMEOWNERSHIP PROGRAM  
LANDLORD'S VERIFICATION OF TENANT'S ADDRESS**

**NAME OF TENANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Include name of housing complex) \_\_\_\_\_  
\_\_\_\_\_

**Please check the type of housing subsidy provided to this tenant:**

- \_\_\_\_\_ Housing managed by municipal housing authority
- \_\_\_\_\_ Federal Section 8 Certificate or Voucher
- \_\_\_\_\_ Project-based Certificate
- \_\_\_\_\_ Existing Certificate or Voucher
- \_\_\_\_\_ Rental Assistance Program ("RAP")
- \_\_\_\_\_ State Moderate Rental ("MR")
- \_\_\_\_\_ State Affordable Housing
- \_\_\_\_\_ CHFA Financed Subsidized Apartment
- \_\_\_\_\_ Other

**Name, address and telephone number of agency administering subsidy:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Landlord's name and address (if different from above):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Print name and title of person completing this form:** \_\_\_\_\_  
\_\_\_\_\_

**I certify that to the best of my knowledge, the above-stated information is true and accurate.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of person completing this form.**