STATE OF CONNECTICUT
DEPARTMENT OF HOUSING

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.

_________________________________________________________________

(Signature of person completing this form) (Date)

****Submit Original to CHFA****