

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)