

The following must match the information on mandatory W-9 Form.

Owner/Landlord Information			
Tenant(s) Name:			
Owner/Landlord Name (as appears on the County Auditor Site) [line 1 on W-9]			
Business Name (if applicable) [line 2 on W-9]			
Landlord Address - check will be sent to this address – must be the same as W-9 form			
Street Address:			
Street Address Line 2:			
City:	State:	Zip Code:	County:
Phone Number:		Fax Number:	
Email Address:		Landlord SS # or Employer Identification number (required for payment):	

I certify that this information is true and accurate and provided in connection with request of financial assistance for the above-named tenant. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal law. Signing this agreement to accept payment from MVCAP obligates me to guarantee at least 30 days of continued residency from the receipt of agency payment. Payment may take up to 30 days from the date of the pledge.

Landlord Signature: _____

Date: _____

A typed/electronic signature satisfies legal requirements and is permissible pursuant to Ohio Revised Code §1306.06