

Darke County Veterans Service Office
611 Wagner Ave.
Greenville, Ohio 45331
937-548-5305
Fax: 937-548-0579

Landlord Statement
To Be Completed By Landlord

Landlord's Name

Address

City, State, and Zip

Telephone #

I state that _____ is renting at _____.
Tenant Address

Monthly Amount: \$ _____.

Deposit Amount: \$ _____
(if within last 30 days)

Date Moved in _____

Rent is for the Period from _____ to _____.

Amount in arrears: \$ _____

Arrearage is for period from _____ to _____.

Metropolitan Housing pays: \$ _____

Landlord's Signature

Date

The Ohio Revised Code, Title 59, Specifically 5901.14, states, in part, that upon proper cause shown, the Commission may appoint a suitable person to draw, receipt for, or properly expend the allowance made to any person under 5901.02 to 5901.15 of the Revised Code, after the voucher or certificate is endorsed by the person for whom the allowance is intended, for benefit of the person and the indigent members of his family. No part of the allowance shall be paid to any person without such endorsement.

Applicant's Signature

Date