

HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS  
SOCIAL SERVICES DEPARTMENT  
LANDLORD VERIFICATION

DATE:

**Notice to Tenant:**

Your signature hereby authorizes your landlord to release the below information.

\_\_\_\_\_  
Tenant's Legal Name (Print or Type)

\_\_\_\_\_  
Tenant's Signature

**DEAR LANDLORD:**

\_\_\_\_\_ of \_\_\_\_\_  
Name of Tenant Tenant's Address City ST Zip Code

has applied for shelter assistance from Hillsborough County's Social Services Department. In order to determine eligibility, the below information is required. **Please type or print legible to avoid processing delays.**

1. Tenant's move-in date: \_\_\_/\_\_\_/\_\_\_\_\_ Rent is paid through: \_\_\_/\_\_\_/\_\_\_\_\_
2. How many bedrooms are in the rental unit? \_\_\_\_\_
3. Please list the base rent for this unit, as stated on the lease, excluding all other fees \$ \_\_\_\_\_
4. Are you receiving any other payments or rent subsidy for this tenant, such as Section 8/HUD? Yes \_\_\_ No \_\_\_  
Is the tenant residing in an affordable housing program unit (income-based for low-income)? Yes \_\_\_ No \_\_\_  
Is the amount of rent for this tenant determined based on income? Yes \_\_\_ No \_\_\_  
If yes to **any**, the tenant is not eligible for services, PLEASE DO NOT PROCEED with the completion of this form.
5. If tenant is determined eligible, will you accept payment as written in the lease agreement, not to exceed amounts set by the US HUD fair market rate? YES \_\_\_ NO \_\_\_
6. Is the tenant related to you? YES \_\_\_ NO \_\_\_ If yes, explain relationship \_\_\_\_\_
7. Are you employed by Hillsborough County? YES \_\_\_ NO \_\_\_ If yes, please list department. \_\_\_\_\_

**Hillsborough County, Social Services Department will only authorize payments to the verified owner or property management company, stated below and on a valid, corresponding Substitute W-9 form.**

\_\_\_\_\_  
Owner/Property Management, as stated on Substitute W-9, including DBA

\_\_\_\_\_  
Owner/Property Management Company's Physical Address (PO box **not** acceptable) City FL Zip Code

\_\_\_\_\_  
Owner/Property Management Representative Mailing Address (Payment address) City FL Zip Code

\_\_\_\_\_  
Owner/Property Management Representative Phone #:home/cell/work

\_\_\_\_\_  
Owner/Property Management Representative email address

- I attest that I have a lease agreement with the above named tenant.
- I will allow Hillsborough County Code Enforcement to inspect my rental property to assure it meets standards.
- I will continue to maintain this dwelling and assure it meets standards for the duration of the tenant's assistance from Hillsborough County.

\_\_\_\_\_  
Owner/Property Management Representative Signature

\_\_\_\_\_  
Owner/Property Management Representative (Print Name)

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**Notice to Owner/Property Management Representative /Mortgage Holder**

- Tenants living in subsidized, income-based, or an affordable housing program property are not eligible for assistance.
- Your completion of this form is **not** in itself a guarantee that this Department will pay for shelter. If shelter is to be paid, you will be notified in writing.
- If tenant is determined eligible, you will receive payment amount, as written in the lease agreement, not to exceed amounts set by the US HUD fair market rate.
- Once you receive written notification of the Department's intent to pay shelter on the tenant's behalf, it will be paid in accordance with the Prompt Payment Act.
- For information regarding property maintenance codes and inspections, visit <http://hillsboroughcounty.org/en/residents/property-owners-and-renters/code-violations/codes-we-enforce>.

**HILLSBOROUGH COUNTY LANDLORD CHECKLIST**

The following information must be submitted in order for us to consider shelter payment on behalf of your tenant:

- Landlord Verification Form completed, signed and dated by property owner(s) or Property Management Representative
- A copy of the Management Agreement, if the property is being managed by someone other than the owner
- Substitute W-9 completed, signed and dated, listing the Full Name and Address of the Payee
- For Direct Deposit options, visit <http://hillsboroughcounty.org/en/businesses/doing-business-with-hillsborough/vendors/vendor-forms-and-documents> and select the [Direct Deposit Authorization](#).