

# LICKING COUNTY VETERAN'S SERVICE COMMISSION

935 Buckeye Avenue Newark, Ohio 43055 (740) 670-5430 phone (740) 670-5434 fax [lcvets@alink.com](mailto:lcvets@alink.com) [www.lcounty.com/vsc/](http://www.lcounty.com/vsc/)



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## TO BE COMPLETED BY THE LANDLORD (NO WHITEOUT)

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Name on Lease

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address of rental property

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Landlord's Daytime Phone Number

**Do you receive payment from the Licking Metropolitan Housing Authority for the above listed address? Yes \_\_\_ No \_\_\_**

**Any assistance that is approved will be payable to the landlord. Application for assistance does not guarantee approval of payment.**

**Please put an "X" next to the statement(s) that apply to the renter.**

\_\_\_\_\_ The above address of property is available for rent to the renter listed above.

\_\_\_\_\_ The renter listed above has been renting the above address since: \_\_\_\_\_

\_\_\_\_\_ The landlord is a relative to the renter listed above. Relation: \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Monthly Rent Amount Deposit (for new renters only) Total owed including late fees

**Date paid (M/D/Y) and amount of last three payments from renters (if applicable):**

**1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_**

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Date

**If not filled out completely, applicant will have to make another appointment.**