

LICKING COUNTY VETERAN'S SERVICE COMMISSION

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



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Member USAF-RET



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Member USN

TO BE COMPLETED BY THE LANDLORD (NO WHITEOUT)

Landlord's Name

Landlord's Daytime Phone Number

Street Address

Do you receive payment from the Licking Metropolitan Housing Authority for the below listed address? Yes ___ No ___

City, State, Zip Code

Name on Lease

Street address, City, State, Zip Code of Rental Property

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 below.

_____ The renter listed below has been renting the above address since: _____

_____ The landlord is a relative to the renter listed below. Relation: _____

\$ _____ \$ _____ \$ _____
Monthly Rent (paid by family) 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