



STATE OF CONNECTICUT  
DEPARTMENT OF HOUSING



**Rental Arrearage Verification Form**

This form should be used by landlords with tenants applying to the UniteCT Eviction Prevention Fund. This form is required by a landlord who has not yet submitted a ledger during the application process.

By filling out this form, both the tenant and landlord are attesting that the information below is true. Eligible households may qualify for up to 15 months or \$18,500 to cover the household's outstanding rent.

Landlord's First and Last Name: \_\_\_\_\_

Tenant's First and Last Name: \_\_\_\_\_

Household Address: \_\_\_\_\_

Current household monthly rent \$ \_\_\_\_\_ **(Section A)** x 15 months = \_\_\_\_\_ **(Section B)**  
*If Section B is greater than \$18,500, then the tenant's maximum eligible assistance is \$18,500.*  
*If Section B is less than \$18,500 then the tenant's eligible maximum assistance is Section B.*

Household's **outstanding rent** amount is \*\$ \_\_\_\_\_ **(Section C)**, which excludes all fines and fees.

Household's outstanding rent includes the following months.

Month/ Year	Monthly Rent	Fees Owed & Type of Fees (If Applicable)	Tenant Payments (If Applicable)	Total Running Balance
Ex: Oct 2022	\$1,000	\$100 for utilities	\$500	\$600



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	<b>Total Rent Due:</b>			
	\$ _____			
	<b>(Section D)</b>			

Please note: Section C and Section D must match

By signing this document, you are attesting that all the information above is true. The amount listed as outstanding rent (Section C) will be used to process the tenant's rental assistance application. Please note, landlords will not be allowed to change the total rent owed during the time of mediation, if mediation services are requested.

Landlord Signature

Date