



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



Landlord Verification Form

The information below will be used to contact the landlord about their tenant's application to the Workforce Rental Assistance Program hosted by UniteCT. It is highly important that the information listed below is up to date and accurate. Landlords must be contacted in order for the tenant to qualify for the rental assistance funded through Workforce Rental Assistance Program

Application Information:

Tenant's First and Last Name: _____

Landlord's First and Last Name: _____

Landlord's Email Address: _____

Landlord's Phone Number: _____

Landlord's Mailing Address: _____

Landlord's preferred language: _____

☐ I hereby give permission to the Department of Housing and its authorized contractors to provide information related to my Moving Assistance Program case, including but not limited to my eligibility for the program and the amount of assistance for which I am prequalified, to the landlord listed herein.

Date: _____

Tenants Signature: _____