



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 \$8,500 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 \$8,500, then the tenant's maximum eligible assistance is \$8,500.
If Section B is less than \$8,500 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

