

KAWERAK, INC. ~ Education, Employment, and Training Division

P.O. Box 948, Nome, AK 99762 ~Web site: www.kawerak.org ~Phone (907) 443-4358 ~1-800-450-4341 ~Fax: (907) 443-4485

LANDLORD VERIFICATION FORM

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____ - _____ - _____ Date _____ - _____ - _____

I hereby authorize the following organization to release information concerning my employment status.

Signature of Applicant

Date

TO BE COMPLETED BY LANDLORD OR RENTAL OFFICE:

The above named individual has applied for services through the Kawerak, Inc. Education, Employment and Training Division. Please provide the following information for verification:

Landlord Name : _____

Landlord Address: _____

Phone Number: _____ Fax number: _____

Email Address: _____

Name(s) on the lease: _____

Beginning Lease Date: _____ End of Lease Date: _____

Cost of Deposit: _____ Monthly Rent: _____

Make Check Payable to:

Address

SIGNATURE OF LANDLORG OR RENTAL OFFICE

DATE