



KAWERAK, INC.

KAWERAK, INC.

Education, Employment, and Supportive Services
P.O. Box 948, Nome, AK 99762

Toll Free: 1-855-759-4275 Phone: 907-443-4367 or 907-443-4466

Fax: 907-802-6183 Email: LBrizuela@kawerak.org or CAdams@kawerak.org

Website: www.kawerak.org

COVID-19 INCOME LOSS SUPPORT PROGRAM - LANDLORD VERIFICATION FORM

Name: _____ Date of Birth: _____ Social Security #: _____
First M.I. Last

Rental Situation: I rent from the owner of the property. I rent from a business or organization. I sublet a room, apartment or house.

I hereby authorize the following Landlord or Lessor to release information about rental information status.

Signature of Applicant Date

TO BE COMPLETED BY LANDLORD, SUBLESSOR, OR LEASING OFFICE:

The above named individual has applied for services through the Kawerak, Inc. Education, Employment and Supportive Services 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 LANDLORD, SUBLESSOR, OR LEASING OFFICE **DATE**

For Office Use Only
This form was signed telephonically on _____ and verified by Kawerak, Inc. staff member _____.