



City of Seattle
Human Services Department
Utility Discount Program

**STATEMENT FROM
 LANDLORD/TENANT**

**By signing below, I authorize my Landlord/manager
 to release my rental information below.**
Primary Contact:
 x _____

PROPERTY OWNER OR AUTHORIZED MANAGER: Complete all sections below with only the information you know to be true. Write "unknown" to questions you can't answer. (DO not leave any box blank.)

1. STREET ADDRESS APARTMENT (APT) NUMBER	5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS
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CITY	STATE	ZIP CODE
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2. TENANT'S NAME	
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3. DATE MOVED IN	4. TYPE OF RESIDENCE House <input type="checkbox"/> Apt <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/>	Attach more pages if needed.
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6. TOTAL RENT AMOUNT \$ _____	7. NAME OF PERSON(S) PAYING THE RENT
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PLEASE ANSWER THE FOLLOWING QUESTIONS:

8. Is the rent subsidized Yes NO **If yes (check all applicable boxes below):**
Seattle Housing Authority King County Housing Authority HUD Section 8 Shelter+Care
Senior Bond Housing no Section 8 Minimum Rent-Public Housing Tax Credit Housing First HEN Program
OTHER FUNDING _____

9. Does the tenant receive any form of deduction from the GROSS rent for a utility allowance, deduction or utility credit Yes No

10. Does the tenant pay only a portion of the amount in box 6? No Yes, amount: \$ _____
If yes, who pays the additional rent _____

11. Does the tenant work for a portion of the amount in box 6? No Yes, amount: \$ _____

12. LANDLORD/MANAGER'S NAME	13. Property Owner's Name (If different from Landlord/Manager)
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STREET ADDRESS OR PO BOX NUMBER	OWNER'S NAME
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CITY	STATE	ZIP CODE	STREET ADDRESS OR PO BOX NUMBER
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CONTACTS : PHONE NUMBER:	CITY	STATE	ZIP CODE
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E-MAIL ADDRESS:	
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LANDLORD/MANAGER SIGNATURE x _____	DATE	WORK TELEPHONE NUMBER
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Submit this Application to: **Seattle Human Service Dept. – UDP**

**810 – 3rd Ave, Suite 350
 Seattle, WA 98104**

REVISED: 4/23/15

Fax Number: (206) 621-5012 Telephone Number: 206 684-0268