

**Landlord/Property Owner Certification**

Return completed form to:  
Cedar County Veterans Affairs  
Courthouse  
400 Cedar Street  
Tipton, IA 52772  
563.886.2170

OWNER OF PROPERTY OR PROPERTY MANAGER must complete this "willingness to accept Veterans Affairs Assistance rental payment" form indicating actual rent due by the tenant for a specific month and names of all who live in the same place. Rental assistance ranges in monetary value based on the year's Fair Market Rent Values in Cedar County. A copy of the lease or agreement of occupancy signed by both parties stating number of bedrooms of residence is required prior to approval. Assistance can only be given for the month(s) after application is made. ONCE THE TENANT IS APPROVED FOR RENT ASSISTANCE, A CHECK WILL BE ISSUED ON THE NEXT AVAILABLE CLAIM DAY.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

List Name of **all** persons who are currently or will be living in this apartment, room or house:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of property rented: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Indicate: \_\_\_ Apartment \_\_\_ Home \_\_\_ Duplex

Assistance requested for rent: \_\_\_\_\_ thru \_\_\_\_\_  
(Monthly beginning date) (Ending date)

Number of bedrooms in residence: \_\_\_\_\_

Actual Full Monthly Rent Is: \$ \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**RENT WILL BE PAID TO THE PROPERTY OWNER.**

Property Owner's Name: \_\_\_\_\_

Mail Payment To: \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**I am willing to accept Veterans Affairs Assistance payment for rent as indicated above. I further agree to notify Veterans Affairs if there is a change in rental period. I certify that I am not related to any of the above named tenants.**

Manager/Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_