

Case No. (for Township Staff): \_\_\_\_\_

**WABASH TOWNSHIP SHELTER VERIFICATION FORM**  
**Office of the Wabash Township Trustee**  
**2899 Klondike Rd. West Lafayette, IN 47906 | 765-497-3100**

To be Completed by Property Manager

Date: \_\_\_\_\_

Tenant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

The above-named individual has applied for Township Assistance from Wabash Township. Wabash Township is requesting that you provide the following information so that the township may determine their eligibility for assistance.

1. Are you related to any member in the household? **YES NO**  
If yes, what is your relationship to them? \_\_\_\_\_
2. Number of bedrooms \_\_\_\_\_
3. How many individuals are presently living in the unit? \_\_\_\_\_ adults \_\_\_\_\_ children  
Names of adults in the household \_\_\_\_\_
4. What utilities are included in the rent payment? \_\_\_\_\_
5. What is the monthly rental payment amount? \$\_\_\_\_\_
6. Current rent amount due, without late fees? \$\_\_\_\_\_ Late fees \$\_\_\_\_\_
7. Is any portion of the rent paid for subsidized by HUD (US Dept. of Housing and Urban Development) or a local housing authority? **YES NO**
8. List all the individual names listed on the lease \_\_\_\_\_
9. Date this tenant move into your unit \_\_\_\_\_
10. Do you agree to NOT EVICT your tenant during the 30-day period following the signature of a general purchase order pledging payment from Wabash Township? **YES NO**

\_\_\_\_\_  
Signature of Property Manager

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Property Manager Phone Number

\_\_\_\_\_  
Property Manager Email Address

Check Should be Made Out to: \_\_\_\_\_