

Wabash Township Trustee's Office
2899 Klondike Rd, West Lafayette, IN 47906
(765) 497-3100
Angel Valentín, Trustee

WABASH TOWNSHIP SHELTER VERIFICATION FORM

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 _____ (office use: _____)

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? \$ _____

Date & Amount of Last Payment _____ \$ _____

6. Current rent amount due, without late fees? \$ _____ Late fees \$ _____

Other fees \$ _____ Date Due _____

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 due to non-payment? **YES NO**

Signature of Property Manager

Date Signed

Property Manager Phone Number

Property Manager Email Address

Checks should be mailed to:

