

**AVCP Regional Housing Authority  
PO Box 767  
Bethel, AK 99559**

**Emergency Rental Assistance Program**

**LANDLORD AND UTILITY PROVIDER ATTESTATION FORM**

**LEASE INFORMATION**

<b>Landlord Name</b>	
<b>Landlord Address</b>	

<b>Tenant Name</b>	
<b>Tenant Address</b>	
<b>Tenant Account Number</b>	
<b>Amount due per month</b>	
<b>Total Amount due</b>	

LEASE  Copy of Lease (attach)  No Lease (explain)

**UTILITY INFORMATION**

<b>Utility Company Name</b>	
<b>Utility Company Address</b>	

<b>Customer Name</b>	
<b>Customer Address</b>	
<b>Customer Account Number</b>	
<b>Amount due / month</b>	
<b>Total Amount due</b>	

UTILITY STATEMENTS  Copy of Utility Statement (attach)  No Utility statement (explain)

**ATTESTATION**

As the landlord or legal representative of the utility company I attest that information provided in the document is current and accurate and confirm that any emergency rental assistant payments received from AVCP RHA will be applied to the tenant/customer's account.

\_\_\_\_\_  
Name Printed Position

\_\_\_\_\_  
Signature Date

