## Polk County Veteran Affairs

POLK COUNTY RIVER PLACE

2309 EUCLID AVE, DES MOINES, IOWA 50310

PHONE (515) 286-3670

FAX (515) 286-2106

## THE LANDLORD OR AGENT MUST COMPLETE THE FOLLOWING QUESTIONS:

1.	Name, title, address, and phone number of the person completing the form.			
			( )	
	Name, title	Street, City, State, and Zip	( ) Phone Number	
2.	Name, address, and phone number of the owner of property, if different than #1. (This will be verified, or voucher will not be issued).			
	Name, title	Street, City, State, and Zip	( ) Phone Number	
3.	What is the Feder	What is the Federal ID or Social Security number of the owner of the property?		
4.	What is your family relationship, if any, to the renter/buyer?			
5.	How much is the monthly rent/house payment? \$			
6.	How much is received from Section 8 or HUDVASH? \$			
7.	What utilities, if any, are included in the rent? Please circle: Electric Natural Gas Heat Water Sewer Solid waste			
8.	How much is owed and for what time period?			
	\$	From:/	To:/	
9.	Will the landlord accept a Polk County Voucher, and agree not to evict for a 30-day time period? Please circle: YES NO			
10.	What is the minimum voucher amount you will accept? \$			
11.	Address of property being rented/purchased?			
12.	Please list all occu	Please list all occupants of apartment or home.		
13.	What arrangements have been made for the difference between the actual monthly cost and the amount of the Polk County Voucher?			
14.	Is deposit required? Yes No if so, how much is the deposit: \$			
15.	How long has the	How long has the tenant lived at the above address?		
X	NIATUDE OF LAN	NDLORD OR AGENT	 DATE	