



WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL

“Your Community Action Agency”

Emergency Rental Assistance Program

LANDLORD CERTIFICATION

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. The renter is at least one month in arrears of rent payment and is in danger of eviction or the renter is an existing/new tenant and is requesting funding for occupancy at this location:

Address _____
City, State _____
Zip code _____

I accept payment for said arrearage or occupancy.

I refuse to participate and will not accept payment.

Monthly rent: \$ _____ Rental Arrears: \$ _____

LANDLORD NAME (PLEASE PRINT)

RENTER NAME (PLEASE PRINT)

ADDRESS

ADDRESS

CITY ZIP CODE

CITY ZIP CODE

PHONE NUMBER

PHONE NUMBER

LANDLORD SIGNATURE/DATE

RENTER SIGNATURE/DATE



1209 Pennsylvania Avenue West, P.O. Box 547, Warren, PA 16365
(814) 726-2400 Fax: (814) 723-0510 (800) 231-1797 www.wfeoc.org