



## TENANT & LANDLORD RELATIONSHIP VERIFICATION

This document is intended to verify and clarify the housing arrangement and relationship between the tenant/beneficiary and the landlord/property owner for representative payee, housing verification, and financial care management purposes.

Beneficiary / Tenant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Apartment / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord / Property Owner Name: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Email Address: \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_

Utilities Included: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_

Lease End Date (if applicable): \_\_\_\_\_

Is the beneficiary currently residing at the property?  Yes  No

### Landlord Verification Statement

I hereby confirm that the above-named beneficiary/tenant currently resides or is authorized to reside at the listed property address. I understand that this information may be used for representative payee management, benefit administration, housing verification, and financial care coordination purposes.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant / Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRUSTUNITED Representative: \_\_\_\_\_ Date: \_\_\_\_\_