



STORY COUNTY BOARD OF SUPERVISORS

900 6th Street • Nevada, IA 50201
Phone: 515-382-7200 • Fax: 515-382-7206
Website: https://www.storycountyiowa.gov

RENTAL VERIFICATION FORM
WELCOME HOME TO STORY COUNTY RELOCATION ASSISTANCE PROGRAM
(A HOME BASE IOWA COMMUNITY)

OWNER'S NAME (or business name):

OWNER'S SOCIAL SECURITY # (or business tax ID #):

I, as the landlord/manager, state the following information on the rental property listed below to be true and correct to the best of my knowledge.

Rental Property Address
(to include apt/lot/room #)

Monthly Rental Amount Deposit

Utilities Included YES / NO

LIST ALL OCCUPANTS

Current Month's Rent Due

Landlord/Manager's Name and address
for receipt of rental payment

Landlord/Manager's phone number

Landlord/Manager's email address

I will accept a check from Story County for this Veteran's rent as indicated above. I understand that the occupants may not be evicted during the month(s) for which the rent covers. A check will be issued payable only to the individual or business name specified on the accompanying W-9 form.

I further agree that I will receive funds from Story County only if the rental property is ready and available for occupancy on the agreed upon date (i.e., if the rental unit is not available, I will not receive any funds; if the rental unit is not available and I have already received funds for the month(s) indicated above, I will promptly return the funds to Story County.

Occupancy Date Landlord/Manager's Signature

(FOR INTERNAL USE ONLY: TO BE COMPLETED BY STORY COUNTY)
Future Month's Rent to be applied as follows if applicable:
Month Rent
Month Rent
Month Rent
Total