

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
MICHIGAN VETERANS TRUST FUND
BOARD OF TRUSTEES

RENT ACCOUNT STATEMENT

RETURN TO: _____ COUNTY COMMITTEE

ADDRESS: _____

DATE: _____

APPLICANT NAME	SERVICE SERIAL NUMBER
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In accordance with Public Act 9 of 1946, as amended, this form must be completed by the veteran's landlord and returned to the office before an application by the veteran for rental payment will be considered.

This form is not to be considered an authorized payment, as the application for aid must first be heard by the county committee. The Trust Fund aids only the veteran and/or his/her dependents in emergent situations and not continuous needs.

ADDRESS OF RENTAL PROPERTY			
TYPE OF RENTAL UNIT <input type="checkbox"/> HOME <input type="checkbox"/> APARTMENT <input type="checkbox"/> DUPLEX <input type="checkbox"/> ROOM <input type="checkbox"/> TRAILER <input type="checkbox"/> OTHER: _____			
HOW LONG HAS VETERAN RENTED FROM YOU?			
AMOUNT OF MONTHLY PAYMENT \$	AMOUNT OF WEEKLY PAYMENT \$		
DATE (S) COVERED BY DELINQUENT RENT?	TOTAL AMOUNT DUE \$		
HAS EVICTION EVER BEEN INSTITUTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE VETERAN OR HIS/HER FAMILY RELATED TO LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES RENTAL AGREEMENT INVOLVE AN OPTION TO PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF LANDLORD	DATE		
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

"Any person who shall knowingly, by fraudulent representations obtain, or allow to be obtained any payment or aid" provided by MVTF shall be deemed guilty of a felony (MCL750.218) or a misdemeanor (MCL35.609), and upon conviction shall be subject to a fine of \$5000 or 10 years imprisonment, or a fine of \$500 and/or imprisonment of 6 months, respectively, at the discretion of the court. (P.A. 9 of 1946 as amended).

I certify that the above information is true and factual to the best of my knowledge, and I authorize the MVTF Board of Trustees and county committees to receive and transmit any information that may be necessary to document the request for financial assistance.

Signature of Landlord

Date