



Iowa Department of Health and Human Services
Rent Reimbursement Landlord Rent Verification

Case Number:

Tenant's Name	Landlord's Name
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Tenant's Street Address	Apartment Number
City, State, ZIP	Date

Calendar year applying for: _____

Please enter the amount of rent paid by this tenant during the calendar year listed by other sources such as housing NOTE: **Exclude** amounts paid

January	July
February	August
March	September
April	October
May	November
June	December

I affirm that these amounts are true and correct.

Landlord's Printed Name	Landlord's Signature
Landlord's Address	City, State, ZIP
Phone Number (Including Area Code)	Date