



Reentry Rapid Funds Application



Security Deposit / First Month's Rent / Back Rent Request Form (to be completed by Landlord or Property Owner)

Tenant Name _____

Address, unit # _____

City, State, Zip _____

Amount of Security Deposit _____

Monthly Rent Amount _____

Tenant Portion of Rent (if have subsidy) _____

Amount of Back Rent Owed (must include ledger) _____

Owner's Name (1099 recipient): _____

* Owner's name must be the name of person, company, etc. who the check is made out to and who is responsible for the IRS reporting

Owner's Tax I.D. or Social Security # for IRS reporting: _____

*must match the 1099 recipient

Owner's Address: _____

Owner's Phone Number: _____

Owner's email address: _____

By receiving these funds, I attest that the information I have provided is true and accurate and that any false statements will result in immediate denial of funds. My signature also confirms that the applicant is currently a tenant of my property and I agree not to move forward with an eviction for this household.

Owner's Signature and date: _____

- Must also provide a W-9 form, Lease Agreement or statement of Occupancy.

NOTE: Approved payments will be made payable directly to the Landlord or Mortgage Company

North Star Neighborhood Reentry Resource Center

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