



# 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 \_\_\_\_\_

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.

North Star Neighborhood Reentry Resource Center

1834 East 55th Street, Cleveland, OH 44103 (216) 881-5440 FAX (216) 881-0022

[www.northstarreentry.org](http://www.northstarreentry.org)