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Governor



NM Emergency Rental Assistance Program
www.RentHelpNM.org



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Cabinet Secretary

State of New Mexico – Emergency Rental Assistance Program

Tenant Certification of Landlord/Tenant Relationship and Rent Owed

(If no written lease AND Landlord cannot or will not sign Verification of Landlord Tenant Relationship)

Your Name (Print): _____

Rental Property Address: _____

Landlord’s Name (name where rent is sent): _____

Landlord Address: _____

Landlord’s Phone: _____ Landlord’s Email: _____

Landlord owns the property: Yes ___ No ___ Unknown ___

Landlord is authorized to manage the property: Yes ___ No ___ Unknown ___

Your move-in date: _____ Your rental agreement end-date (if any): _____

Total months past due: _____ Monthly rent payment amount: \$ _____

Total amount of rent past due: \$ _____

Are any late fees owed? Yes ___ No ___ If yes, please list total amount: \$ _____

Are any utilities included in the rent payment? Yes ___ No ___ If yes, please list:

By signing and submitting this form, I understand that may need to provide additional information or answer additional questions because I am not able to produce a written lease or a Verification of Landlord/Tenant Relationship and Rent Owed with a signature from my landlord.

I further certify that the information presented in this certification is true and accurate to the best of my knowledge. Any knowing or intentional misstatement in this certification may subject me to criminal or civil liability.

Signature of Applicant/Tenant

Print name of Applicant/Tenant

Date