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