



# Landlord Questionnaire

This authorizes you to release information to the Iowa Department of Human Services. Please return the completed form using the enclosed envelope by <due date>. If you have any questions, you can call me at <worker phone>. Worker Information: <worker name> <worker FAX> <worker email>

### I release you from liability for disclosing this information even if it is confidential.

Tenant's Signature		Date
Tenant's Name	Regarding the Property at:	

### The following information is to be completed by the person to whom the tenant pays rent.

Household Members	
	Please write the names of all persons living in the household for the corresponding
For the month of:	month.
<ui first="" month=""></ui>	
<ui month="" second=""></ui>	
<ui month="" third=""></ui>	

Rent					
		Amount Billed to Housing			
For the Month of:	Rent Billed to Tenant	Assistance	Lot Rent Billed to Tenant		
<ui first="" month=""></ui>	\$	\$	\$		
<ui month="" second=""></ui>	\$	\$	\$		
<ui month="" third=""></ui>	\$	\$	\$		

#### **Other Charges**

1.	<ol> <li>List the amount of all extra charges: Garage \$</li> <li>Other \$</li> </ol>	] Pets \$	Late Fees \$
2.	2. Are any of these charges included in the rent/lot rent listed about the rent listed a	ove?   Yes	Νο

2.	Are any	of these	charges	included in	the rent/lo	ot rent liste	ed above?	

3. If yes, please list the **included** charges.

## Utilities

1.	Check all utilities the tenant is responsible to pay th				
	Trash				
2.	<ol> <li>If utilities are included in the rent/lot rent listed above, list the amount of extra charges.</li> <li>Seasonal air conditioning \$</li> </ol>				
Utilities like water, electricity, gas for washer/dryer \$ Other \$					
Lai	ndlord's Printed Name	Landlord Signature			
Address					
Ph	one Number (including Area Code)		Date		