SWEETWATER FAMILY RESOURCE CENTER

LANDLORD/TENANT VERIFICATION

# PLEASE HAVE THE LANDLORD FILL OUT

RENTAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TENANT NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD/PROPERTY MANAGER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the following statements about the above address are true:

1. Heating and cooling facilities are in good operating condition.
2. Tenants have access to sanitary facilities in good operating condition.
3. The building is structurally sound.
4. Space and equipment in food preparation areas are adequate to safely prepare, serve and store food in a sanitary manner.
5. Lead based paint requirements have been met. \*
6. Natural or mechanical ventilation is available in each room or space.
7. There is an acceptable place to sleep, and adequate space and security for the tenant(s) and their belongings.
8. There is adequate light to support health, safety and normal indoor activities.
9. There are working smoke detectors near sleeping areas and on each occupied level of the unit. There is a second means of exiting the building in the event of fire or another emergency.
10. The water supply is free of contamination.
11. There are sufficient electrical sources for safe use of electrical appliances.

Landlord/Property Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 

Tenant(s) signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 

\*If the unit was built before 1978 and a child under the age of six or a pregnant woman resides in the unit lead based paint inspection must be completed and passed.