

Louisiana Department of Health
Economic Stability – Performance & Quality Improvements
Quality Control

QUALITY CONTROL LANDLORD VERIFICATION FORM

Date: _____

Case Name: _____

QC Review Number: _____

QC ES Specialist: _____

Please complete this form and return to the address or fax number listed above by _____. Thank you for your cooperation.

The above-named person has given consent for release of information requested below in order to complete a federally-mandated quality control review.

1. Date tenant moved into the home/apartment: _____

Property Address: _____

Tenant's rent for the month of ____: \$ _____

Tenant's rent for the month of ____: \$ _____

If the rent amounts entered above are different, what date did the amount of rent change? _____

2. Please list **all persons** living in the home as of _____ .

Name

Relationship to Tenant

| | |
|--|--|
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| | |

Has anyone moved in or out of the residence in the last 12 months? Yes No

If yes, please indicate who moved in/out and the date(s) the change(s) occurred:

Case Name: _____

QC Review Number: _____

3. Are utilities included in the rent payment? Yes No

If yes, which utilities are included in the rent payment: Electricity Gas Water Sewage

Other (Please explain.) _____

4. If the household resides in subsidized housing (Section 8 or HUD), does this household pay excess utility charges? Yes No

If yes, how much did the tenant pay in excess utility charges for:

Tenant's rent for the month of ____: \$ _____

Tenant's rent for the month of ____: \$ _____

5. Does the tenant receive a monthly utility check? Yes No If yes, how much? \$ _____

6. Does this tenant receive any other rental assistance, such as Section 8, FEMA or other disaster-related assistance? If yes, list the type and the tenant's portion of the rent.

Signature of Landlord/Agent/Owner

Date

Telephone number where you
can be reached during the day

Stamp or Print Name and Address