

HEN Certification of Payment Obligation from Friend/Family

Return form via: Fax: CCS HEN Assistance Program: (206)324-4835, Scan and email: henkc@ccsww.org Mail: CCS HEN Assistance Program 100 -23rd Ave S. Seattle, WA 98144, Questions: Phone 206-328-5755

Client Housing Status (check one)	
Applicant already lives with friend/family and is being evicted <input type="checkbox"/>	Applicant is moving in with friend/family <input type="checkbox"/>
Move-In Date: _____	Move-In Date: _____

1. Client Information			
Name	_____		
Phone	_____	Email	_____
Address where applicant is staying or will stay			
Street	_____		
City	_____	State/Zip Code	_____
2. Friend/Family Information			
Name	_____		
Phone	_____	Email	_____
Address where rent payment should be sent			
Street	_____		
City	_____	State/Zip Code	_____
3. Rental and Payment Information			
Type of Agreement (check one)	Lease/sub lease <input type="checkbox"/>	Month-to-month <input type="checkbox"/>	
Amount of Payment Required			
Past Due			
Rent	Total amount past due	_____	
	Months for which payment is past due	_____	
Utilities	Total amount past due	_____	
	Months for which payment is past due	_____	
Current or Anticipated			
Rent	Monthly Amount	_____	
Utilities	Monthly Amount	_____	
Complete the following for utility payments (a copy of each utility bill is required for payment)			
Utility provider	_____		
Account number	_____		

4. Client Certification	
I certify that the above information is true and accurate to the best of my knowledge.	
_____ <i>Client Signature</i>	_____ <i>Date</i>
5. Friend/Family Certification	
I certify that I will accept the above payment(s) to provide housing for the applicant. I am not in the business of rental real estate as defined in the Landlord Tenant Act , however I do provide safe and habitable housing. I certify that I will evict the applicant within 14 days if I do not receive the above payment(s).	
_____ <i>Friend/Family Signature</i>	_____ <i>Date</i>