



**Lower Elwha Klallam Tribe**  
 3080 Lower Elwha Road, Port Angeles, WA 98363  
 Phone: 360.565.7257 • Fax: 360.457.8429

**LANDLORD STATEMENT FORM**

Own                       Rent

**PLEASE HAVE YOUR LANDLORD COMPLETE AND SIGN THIS FORM**

**Tenant Name:** \_\_\_\_\_

**Tenant Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**HOUSEHOLD COMPOSITION: List all household members whom you are applying for must be identified:**

NAME	Birth Date	Relationship to HOH

**Date moved in:** \_\_\_\_\_ **Monthly Rent \$:** \_\_\_\_\_ **Client Amount \$** \_\_\_\_\_

**Subsidized Housing**                       Yes                       No

**Rent includes the following:**

Electricity     Garbage     Propane/Fuel     Water     Other: \_\_\_\_\_

**Main heating source is:**     Electric     Wood     Propane     Other: \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Landlord**

\_\_\_\_\_  
**Date**