

**EMERGENCY RENTAL ASSISTANCE REQUEST FORM**

1. Name of Landlord/Manager \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City/State/Zip: \_\_\_\_\_

4. I rented the property at : \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_  
[Name of Tenant]

On: \_\_\_\_\_  
[Date Tenant Moved In]

5. The monthly rent amount is: \$\_\_\_\_\_ and is due on the \_\_\_\_\_ day of each month.

6. The amount of over due rent is: \$\_\_\_\_\_.

7. A written eviction notice has been given to the tenant. Yes No

If yes, please attached notice to this statement.

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct.

\_\_\_\_\_  
Landlord/Manager Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date