



## City of Spokane Homeless Housing Operations and Services Grant Certification of Payment Obligation/Potential Eviction from Friend or Family

Client Housing Status (check one)	
Applicant already lives with friend/family and is being evicted <i>Complete all sections below.</i> <input style="float: right;" type="checkbox"/>	Applicant is moving in with friend/family <i>Complete sections 1-5 below.</i> Move In Date: _____ <input style="float: right;" type="checkbox"/>

1. Client Information	
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Name			
Phone		Email	
Address where applicant is staying or will stay			
Street			
City		State/ZIP Code	

2. Friend/Family Information	
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Name			
Phone		Email	
Address where rent payment should be sent			
Street			
City		State/Zip Code	

3. Rental and Payment Information	
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Agreement End Date  \_\_\_\_\_ (enter date)      **OR**      Month-to-Month Agreement

Amount of Payment Required	
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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		
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Rent	Monthly Amount	
Utilities	Monthly Amount	

Complete the following for utility payments	
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Utility provider	
Account number	

4. Client Certification	
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I certify that the above information is true and accurate to the best of my knowledge.

*Client Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

5. Friend/Family Certification	
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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.

*Friend/Family Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

6. Friend/Family Certification of Eviction <i>(Required only for clients being evicted)</i>	
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I certify that I will evict the applicant within 14 days if I do not receive the above payment(s).

*Friend/Family Signature* \_\_\_\_\_ *Date* \_\_\_\_\_