

# DALLAS COUNTY COMMISSION OF VETERAN AFFAIRS APPLICATION FOR EMERGENCY ASSISTANCE

902 Court St, Adel, Iowa 50003 Ph (515)993-5809 Fax (515)993-6996

## **THE LANDLORD OR AGENT MUST COMPLETE THE FOLLOWING QUESTIONS**

NAME OF VETERAN: \_\_\_\_\_

Name, Title, address, and phone number of the person completing the form.

\_\_\_\_\_  
Name, title      Street, City, State, and Zip      Phone Number

Name, address, and phone number of the owner of property, if different.  
[This will be verified, or voucher will not be issued].

\_\_\_\_\_  
Name, title      Street, City, State, and Zip      Phone Number

What is your family relationship, if any, to the renter? \_\_\_\_\_

How much is the monthly rent payment? \$ \_\_\_\_\_

What utilities, if any, are included in the rent? Please circle:

Electric Natural gas      Heat      Water      Sewer Solid waste

How much is owed and for what time period?

\$ \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Will the landlord accept a Dallas County Warrant (Check) and agree not to evict for a 30 day time period?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Address of property being rented? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all occupants of apartment or home. \_\_\_\_\_  
\_\_\_\_\_

What arrangements have been made for the difference between the actual monthly cost and the amount of the Dallas County Voucher? \_\_\_\_\_

How long has the tenant lived at the above address? \_\_\_\_\_

**The owner of the property must complete the attached FORM W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION, this is required by the Dallas County Auditor, before payment can be sent**

X \_\_\_\_\_  
SIGNATURE OF LANDLORD OR AGENT

\_\_\_\_\_  
DATE

