

Landlord Information Form

Lancaster County Emergency Rental Assistance Program

**Please Submit Through Your Assistance Connect Account
Request at landlord@lchra.com**

Landlord Name: _____
Email: _____
Contact Phone: _____
Property Owner Name: _____

Please Attach and Send the Following:

_____ **W-9**
_____ **Detailed Ledger of Rental Arrears for Each Applicant**

Please fill the chart below for all properties that you anticipate participating in the program or submit on a separate page:

Unit Address	Bedroom Size	Tenant	Co- Tenant

I certify that the at the time of filling out this form, the tenants above are currently residing in the properties listed. The information submitted regarding these properties is true and correct to the best of my knowledge.

Name Signature Date