## CHG Certification of Payment Obligation/ Potential Eviction from Family or Friend

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| --- | --- |
| **Client Housing Status** (check one) | |
| Applicant already lives with friend/family and is being evicted. *Complete all sections below.* | Applicant is moving in with friend/family. *Complete sections 1-5 below.* Move-in Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Client Information** | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | |
| Phone |  | | | | | | | | | Email | |  | | | | | |
| Address where applicant is staying or will stay | | | | | | | | | | | | | | | | | |
| Street |  | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | State/ZIP Code | | | | | |  | | |
| 1. **Friend/Family Information** | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | |
| Phone |  | | | | | | | | | Email | |  | | | | | |
| Address where rent payment should be sent | | | | | | | | | | | | | | | | | |
| Street |  | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | State/Zip Code | | | | | |  | | |
| 1. **Rental and Payment Information** | | | | | | | | | | | | | | | | | |
| Agreement End Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter date) **OR** Month-to-Month Agreement | | | | | | | | | | | | | | | | | |
| **Amount of Payment Required** | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | |
| Rent | | Monthly Amount | | |  | | Utilities | | | | | | Monthly Amount | | | |  |
| **Complete the following for utility payments** | | | | | | | | | | | | | | | | | |
| Utility provider | | |  | | | | | Account number | | | | | |  | | | |
| 1. **Client Certification** | | | | | | | | | | | | | | | | | |
| I certify that the above information is true and accurate to the best of my knowledge. | | | | | | | | | | | | | | | | | |
| *Client Signature Date* | | | | | | | | | | | | | | | | | |
| 1. **Friend/Family Certification** | | | | | | | | | | | | | | | | | |
| 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](http://apps.leg.wa.gov/rcw/default.aspx?cite=59.18), however I do provide safe and habitable housing. | | | | | | | | | | | | | | | | | |
| *Friend/Family Signature Date* | | | | | | | | | | | | | | | | | |
| 1. **Friend/Family Certification of Eviction (*Required only for clients being evicted*)** | | | | | | | | | | | | | | | | | |
| I certify that I will evict the applicant within 14 days if I do not receive the above payment(s). | | | | | | | | | | | | | | | | | |
| *Friend/Family Signature Date* | | | | | | | | | | | | | | | | | |