



EPH Prevention - Landlord/Tenant Referral Form

If you have a tenant family that is at risk of being evicted due to non-payment of rent and you feel they could benefit from a relationship with our organization please fill out the form below and submit it to:

Wendy Nasgovitz - EPH Office Manager

ephmanager1@gmail.com

We will review the referral, complete an assessment with the family, and determine whether assistance can be provided and the type of assistance that will benefit you and the family.

Assessment data will include: *Outstanding rent *Amount of rent *Monthly budget *WPS/Water *Employment

Landlord Information

Property Company: _____ E-mail: _____
 Landlord or Contact: _____ Phone: _____
 Address: _____ City/State/Zip: _____

Tenant Information

Tenant Name: _____ Phone: _____
 Address: _____ City/State/Zip: _____
 Number of Adults: _____ Number of Children: _____

Lease Information

Lease Info: (Check One) 1 year Month-to-Month Lease Expiration: _____
 Monthly Rent: _____ Utilities: (Check One) Tenant Landlord Water: (Check One) Tenant Landlord

Rental Debt Summary

Back Rent Owed: \$ _____ Number of months behind rent payment: _____ Payment Plan: (Check One) Yes NO
 If Yes to Payment Plan, Please explain:

Landlord Summary

Please share any information you feel would be helpful to our assessment process:

Landlord/ Tenant/EPH Release

By signing this release, both the Landlord and Tenant give permission for both parties, along with EPH, to share information between all parties.

Referral Date: _____

Landlord: (Print Name) _____ (Sign Name) _____

Tenant: (Print Name) _____ (Sign Name) _____

EPH: (Print Name) _____ (Sign Name) _____