

# 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 believe that they could benefit from a relationship with our organization, please continue.

Directions: Download and save this form. Re-open the form, complete all entry fields. Re-save the file as a new file that includes your first and last name. Attach the form via e-mail to: Holly Keyser • EPH Prevention Program Manager • [ephprevention@gmail.com](mailto:ephprevention@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 includes: • Outstanding rent • Amount of rent • Monthly budget • WPS/Water • Employment

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## LANDLORD INFORMATION

Property Company: E-mail:  
Landlord or Contact: Phone:  
Address: CSZ:

## TENANT INFORMATION

Tenant Name: Phone:  
Address: CSZ:  
Number of Adults: Number of Children:

## LEASE INFORMATION

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

## RENT 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)