LANDLORD LEDGER FORM

MONTGOMERY COUNTY VETERANS SERVICE COMMISSION 627 Edwin C. Moses Boulevard 4th Floor, East Medical Plaza Dayton, OH 45417 937-225-4801 Fax 937-225-4854

months' rental payme signed and completed County Auditor's Off	ent ledger and the information	on completed below by the your property must be regi al property (we do not need	e from the Montgomery e require a copy of the last 12 landlord. We also require a istered with the Montgomery I the registration copy, but
Names of All on Lease	of Rental Unit		
Address of Rental Prop	perty		
Landlord's Name (Prin	nt)	_Date Lease Effective	
Landlord's Daytime Te	elephone Number		
Month and Year	Payment Received	Balance Remaining	Amount Paid by Other Agency or HUD
	'axpayer Identification Form (attache gomery County Auditor (937-225-4		landlord. Your rental property must
I have read and completed t below denotes also that I ha	the above information and the Montg	gomery County Taxpayer Identific th the Montgomery County Audito	cation Form (attached). My signature or's Office, as required in ORC 5323.
Landlord Signature		Date	