King County CHG

Certification of Payment Obligation: Moving In with Friend or Family

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Client Information** | | | | | | | | | | | | |
| Name |  | | | | Household Size | | | |  | | | |
| Phone |  | | | | Email | | | |  | | | |
| 1. **Friend/Family Information** | | | | | | | | | | | | |
| Phone |  | | | | Household Size | | | |  | | | |
| Phone |  | | | | Email | | | |  | | | |
| 1. **Rental and Payment Information** | | | | | | | | | | | | |
| Address where applicant will live | | | | | | | | | | | | |
| Street |  | | | | | | | | | | | |
| City |  | | | | | | | State/Zip Code | | |  | |
| **Type of Agreement** (check one) | | | | Lease/sub lease | |  | | | | Month-to-month | |  |
| Address where rent payment should be sent | | | | | | | | | | | | |
| Payable |  | | | | | | | | | | | |
| Street |  | | | | | | | | | | | |
| City |  | | | | | | | State/Zip Code | | |  | |
| 1. **Amount of Payment Required** | | | | | | | | | | | | |
| **Current or Anticipated** | | | | | | | | | | | | |
| Rent | | Total unit rent amount *(“N/A” if friend is owner)* | | | | |  | | | | | |
| Client $ share of rent amount | | | | |  | | | | | |
| Utilities | | Utility allowance for unit this size | | | | |  | | | | | |
| Client $ share of utility amount | | | | |  | | | | | |
| **Complete the following for utility payments (utility payments to be made directly to utility)** | | | | | | | | | | | | |
| Utility provider(s) | | |  | | | | | | | | | |
| Account number(s) | | |  | | | | | | | | | |
| 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), (RCW 59.18) however I do provide safe and habitable housing. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *Friend/Family Signature Date* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **Service Provider Review** | | | | | | | | | | | | |
| I have reviewed this agreement and terms as described below: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *Staff Person Signature Print Name* | | | | | | | | | | | | |

King County CHG Certificate of Payment Obligation (7.4.3)