LANDLORD AFFIDAVIT

STATE OF _____)
) ss.
County of _____)

I, _____, being first duly sworn on oath, depose and say:

1. I am the landlord (or the landlord's representative) for the _____ (home/apartment/townhouse, etc. - indicate which) located at _____ _____ (full address required).

2. _____ is a tenant ("Tenant") at this location. There [is or is not] (circle correct one) a written lease agreement (if written lease agreement, please attach a copy). The lease began on _____ (date) and is for $_____ per month.

3. Tenant has not paid the rent for the following months: _____ _____.

4. Tenant therefore owes $_____ in rent as of _____(date).

5. If the back rent is not paid by _____ (date), I intend to initiate the eviction process as to this Tenant.

6. My contact telephone number and address are as follows: _____, _____.

DATED this _____ day of _____, 2015.

_____
Landlord

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2015.

_____
Notary Public for _____
My commission expires: _____

mit\dcplan\landlordaffidavit.1.2015