

**STATE OF MICHIGAN
IN THE 67TH DISTRICT COURT**

Case No: _____

v.

Plaintiff

Defendant.

LANDLORD STATEMENT

This document is to certify the following information:

Name of the Lease Holder: _____

Complete Address for the Property: _____

Year the Property Was Built: _____ Valid Rental License for the Property: _____

Demand for Possession Was Served on this Date: _____

Demand for Possession Expired on this Date: _____

Monthly Rent Amount: \$ _____

Total Amount Currently Due: \$ _____ Rent is Paid Through This Date: _____

Sigma Code: _____ If None, Register at: www.sigma.mi.gov

I certify that the information provided is true. I further understand that this information may be released to Federal, State, Local, and other agencies that provide emergency housing funds within 30 days of the entry of a conditional dismissal.

**** Landlord Statement must be completed in full by Landlord ONLY ****

Legal Property Owner/Manager Name: _____

Print

Date

Signature

Address: _____

Phone: _____ Contact Person: _____

Check Payable To: _____

Mail Check To: _____

Please provide 6 months payment history with this statement.