



CDBG-DR Certification of Oral Rental/Lease
STATE OF MISSOURI CDBG-DR
IN EFFECT FOR GRANT(S):
DR-4317: B-18-DP-29-0001
DR-4451: B-19-DP-29-0001

Address of the residential property rented/leased:

Street Address

City, State, Zip Code

Period property rented/leased:

From _____ to _____
MM/DD/YYYY MM/DD/YYYY

Rent/Lease payments:

\$_____ per (mark one) _____ month _____ other (must specify)

LANDLORD/OWNER/LESSOR:

I certify that, to the best of my knowledge and belief, the above information is accurate and complete.

Signature

Printed Name

Date signed

TENANT/RENTER/LESSEE:

I certify that, to the best of my knowledge and belief, the above information is accurate and complete. I further certify that for the above-stated time period, the property identified above was my primary residence.

Signature

Printed Name

Date signed

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.