



We will create a healthier community and be one of America's best community-owned healthcare systems.

P.O. BOX 66769, Houston, TX 77266-6769

www.hchdonline.com

Harris County Hospital District Rental Verification Form

This is an Official Government Record. Untrue or Incomplete Information given on this form may and probably will result **In Criminal Action** being taken under Sections 31.04, 37.10, or other portions of the Texas Penal Code.

This document is to certify the following:

_____	_____
Name of Tenant	Date of Birth
_____	_____
TX Driver's License Number	Social Security Number

Currently at, _____

Current Address	City	State	Zip Code
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Other occupants in this house or apartment are as follows:

Name

Name

Name

This arrangement terminates on: _____
Date of Termination if known

Under penalties of perjury, I certify that I am the landlord or property manager of property located at the address stated above And the information contained herein is true and correct to the best of my knowledge.

_____	_____
Date	Landlord/Property Manager signature

	Landlord/Property Manager printed name

	Landlord/Property Manager phone number

	Landlord/Property Manager address

We improve our community's health by delivering high quality health care to Harris County residents and by training the next generation of health professionals.