



CITY OF STAMFORD  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
STAMFORD GOVERNMENT CENTER  
888 WASHINGTON BOULEVARD  
P.O. BOX 10152  
STAMFORD, CT 06904-2152

**Renter's Rebate Landlord and Rent Verification Form**

Dear City of Stamford Renter's Rebate Program:

My tenant(s), \_\_\_\_\_ rents at my property  
located at \_\_\_\_\_, in Stamford, CT \_\_\_\_\_

In the year 2022, my tenant(s) paid me the amounts below each month for rent.

Month	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022
Amount												

Sincerely,

\_\_\_\_\_  
Owner/Landlord Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_  
(Date)