

MAYOR
CAROLINE SIMMONS



DIRECTOR
JODY BISHOP-PULLAN, RDH, BS, MPH

MEDICAL ADVISOR
HENRY H. YOON, MD, DABFM, FAAFP

SOCIAL SERVICES DIRECTOR
SHARONA COWAN, BS

CITY OF STAMFORD
DEPARTMENT OF HEALTH & HUMAN SERVICES
STAMFORD GOVERNMENT CENTER
888 WASHINGTON BOULEVARD, 8th FLOOR
STAMFORD, CT 06901

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 2023, my tenant(s) paid me the amounts below each month for rent.

Month	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
Amount												

Sincerely,

Owner/Landlord Signature Phone Number Date



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

(Notary Public)

My commission expires: _____
(Date)