LANDLORD STATEMENT

| STATE OF OHIO COUNTY OF |) | |
|----------------------------------|-----------------------------|---|
| (A) na | me of landlord | , being first duly |
| sworn, deposes and says: | | |
| That she/he, whose address is | | |
| (C) landlord's phone number | , is the owner or prima | ry person responsible for leasing |
| the property located at | (D) address being leased | and certifies |
| that the information provided be | elow about the property i | s complete and factual: |
| 1. Primary Occupant(s): | E) name of primary occupant | $\frac{1}{(F) \text{ name of primary occupant (if more than one)}}$ |
| 2. Inception of Lease | (G) date | |
| 3. Name of all adult occupants | (H) occupant | ; |
| (I) occupant | (J) occupant | ; |
| | (L) occupant | |
| (M) occupant | (N) occupant | ; |
| | _ | Signature |
| Sworn to and subscribed befo | bre me this o | day of |

_____, 20____.

Notary Public