NATIONAL KIDNEY FOUNDATION.
of Arizona

# RENT ASSISTANCE

## CONSENT FORM

Applicant's Name ______________________________

Address ______________________________

______________________________

Property Owner or Rental Company ______________________________

Company phone # ______________________________

Account Number ______________________________

Referred by ______________________________

Dialysis Unit ______________________________

Total amount of bill ____________________

Amount being requested from NKF AZ ____________________

**I certify that I am financially unable to pay my rent bill, that I have exhausted all other sources of help with the attached bill, and that the above information is true and correct to the best of my knowledge.**

**I hereby consent to and authorize the National Kidney Foundation of Arizona to access any information from the landlord / rental company concerning my payment history, delinquencies, outstanding amounts owed, required deposits, and other related information, and to use such information only in connection with this application for assistance.**

Applicant's Signature ____________________________ Date ____________________

Co-Applicant's Signature ____________________________ Date ____________________

360 East Coronado Road, #180, Phoenix, AZ 85004
(Phoenix) 602-840-1644 (Toll free) 1-877-587-1357
**Fax 602-845-7968**