



Eric J. Holcomb, Governor  
 Terry J. Stigdon, MSN, RN, Director  
**Indiana Department of Child Services**  
 Room E306 – MS47  
 302 W. Washington Street  
 Indianapolis, Indiana 46204-2738  
 317-234-KIDS  
 FAX: 317-234-4497  
 www.in.gov/dcs  
**Child Support Hotline: 800-840-8757**  
**Child Abuse and Neglect Hotline: 800-800-5556**

**The parties signed below are providing this document to Indiana Department of Child Services to confirm the terms of their verbal rental agreement:**

The undersigned represent and confirm their verbal agreement as follows:

*(Please PRINT CLEARLY in paragraphs 1 through 9)*

1. Landlord/property owner's name and address \_\_\_\_\_  
\_\_\_\_\_.
2. Name of tenant(s)/renter(s) \_\_\_\_\_  
\_\_\_\_\_.
3. Complete address of residential rental property \_\_\_\_\_  
\_\_\_\_\_.
4. The dollar amount of the rent for this property is \$ \_\_\_\_\_.
5. The rental amount in paragraph 4 above is due every \_\_\_\_\_ (for example, month, week, or other time frequency).
6. When is next rent payment due? \_\_\_\_\_. State any other terms relating to payment of rent (for example length of lease term beginning and ending dates) \_\_\_\_\_.
7. Is there a security deposit? \_\_\_\_ (yes or no).
8. If so, how much is the security deposit? \$ \_\_\_\_\_  
If so, when was the security deposit paid? \_\_\_\_\_
9. Explain why a written lease agreement is not obtainable. \_\_\_\_\_  
\_\_\_\_\_.

I affirm under penalties for perjury that the foregoing representations are correct.

LANDLORD/PROPERTY OWNER

TENANT/RENTER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*Indiana children will live in safe, healthy and supportive families and communities.*