



Eric J. Holcomb, Governor
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Indiana Department of Child Services
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 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



Protecting our children, families and future