



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

A Homeless Solution Provider

Landlord Verification/Commitment

Client Information:

Participants Name: _____

Participants Address: _____
(complete street address)

(city/state/zip)

Type of Assistance:

Rent (check all that applies)

- Past Due Rent
- Current month's rent
- First month's rent (effective/move in date _____) (m/d/y)
- Security Deposit

The monthly rent is \$ _____

Security Deposit \$ _____

The total owed (including the amount above) is \$ _____

The amount being paid is for the months of (m/y) _____

The amount being paid is past due in its entirety at time of payment (check one) Yes No

Case Manager Name: _____ Date: _____

Case Manager Phone#: _____ Email: _____

Landlord Verification: (To be completed by the landlord)

This is to confirm that rent for _____ for the property
(name of individual or family)

at _____ with
(complete address, street number and name, city, state, zip code)

a monthly rent amount of \$ _____ and a security deposit of \$ _____

is/was due on _____. The total amount currently owed is \$ _____.

The Individual /family now has rent due/past due for the month of _____.
(month/year)

Make check payable to: _____

Please attach a completed and signed W-9. Information above is REQUIRED to match your W-9.

This Commitment is contingent upon the following conditions:

- I understand acceptance of this commitment is payment until the actual check is received
- I understand acceptance of this commitment guarantees the tenant will **not be charged a late fee or will not be evicted for 30 days 60 days**

- If applicable, I understand that payment is contingent upon passing an inspection of the property that will be performed by our property inspector.
- I understand that the above payment will be mailed directly to me within ten (10) business days upon receipt of Landlord Verification form.

Important: Payment will guarantee residency, provided that all applicable Florida Statutes Governing the residential tenancies are followed.

Landlord Name: _____	Phone: _____
Address : _____	Email: _____
<i>(street/city/state)</i>	
Landlord Signature : _____	Date: _____

Treasure Coast Homeless Services Council, Inc. is making a commitment to pay Rent/Security Deposit, contingent upon terms and conditions identified above.

Louise Hubbard, Executive Director