

Treasure Coast Homeless Services Council, Inc.

2525 St. Lucie Avenue

Vero Beach, FL 32960

772-567-7790

www.tchelpspot.org

Fax 772-567-5991

New Landlord Information sheet

This form should be faxed to Treasure Coast Homeless Services Council, Inc. at 772-567-5991. If you have any questions please call: _____ # _____ u _____ at _____ h _____ v _____

Name of potential tenant: _____.

Property Address: _____

Please list all persons who will be living at this location (including all minor children):

List the number of bedrooms for this unit: _____ Does the rent include utilities: Yes No

Move in date: _____ What is the monthly base rental amount for this unit: \$ _____.

How much of the rent will the tenant be expected to pay every month: \$ _____.

Is a Security Deposit required: Yes No If yes, amount of security deposit: \$ _____

I, as owner/ authorized representative of the owner of the above referenced housing unit, certify that the amounts listed above represent actual amounts required for the prospective tenant to move into the unit. If rent or security deposit is paid by the Treasure Coast Homeless Services Council, I agree that the prospective tenant will be allowed to move onto the premises and all applicable Florida Statutes Governing the residential tenancies will be followed, and no self-help procedures will be used to force the tenant to vacate the premises. I will not initiate eviction procedures or charge any late fees against the applicant for at least 30 days from the receipt of the payment(s). I agree to return any deposit paid by the Treasure Coast Homeless Services Council, Inc. at the end of the lease term.

In the event that any portion of the deposit will be retained due to damages or neglect to the unit. I agree that notice will be given to the prospective tenant at their last known address and to the Treasure Coast Homeless Services Council, Inc. within 30 days of the tenant vacating the premises. If the amount of damages exceeds the deposit total, I agree to hold the Treasure Coast Homeless Services Council, Inc. harmless and NOT responsible to compensate me for the additional losses. I will not pursue the Treasure Coast Services Council, Inc. in any lawsuit or debt collection action to obtain amounts that are not listed on a signed landlord commitment form, which will be issued only after payment is authorized by the Treasure Coast Homeless Services Council, Inc.

Treasure Coast Homeless Services Council, Inc.

2525 St. Lucie Avenue

Vero Beach, FL 32960

772-567-7790

www.tchelpspot.org

Fax 772-567-5991

I understand that this document is informational in nature and in no way constitutes an agreement by the Treasure Coast Homeless Services Council, Inc. to pay any amounts listed on these sheets at this time.

I also understand that no payments can be made without a valid, legible and completed W-9 form.

Name of Owner/Authorized Representative: _____

Contact phone number: _____

Make Check Payable to:

Name: _____

Address: _____

Authorized Signature: _____ Date: _____
(Owner/ Representative)
