



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

A Homeless Solution Provider

Landlord Verification/Commitment

Client Information:

Participants Name: _____ Client ID _____
Participants Address: _____

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.

Please mail check to:

(complete address, street number and name, city, state, zip)

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:	<input type="text"/>	Phone:	<input type="text"/>
Address :	<input type="text"/> <i>(street/city/state)</i>	Email:	<input type="text"/>
Landlord Signature :	<input type="text"/>	Date:	<input type="text"/>

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

Rayme Nuckles, Executive Director

Updated 09/16/2022