

**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 is \$ \_\_\_\_\_

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 paycheck (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 at \_\_\_\_\_ with 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 \_\_\_\_\_.

Agree to ACH transaction?

If yes, fill out attached ACH form and payments will be made through there.

If No, make check payable to: \_\_\_\_\_ and mailed to \_\_\_\_\_. Please attach a completed and signed W-9. **The information above is REQUIRED to match your W-9.**

Client ID: \_\_\_\_\_

The Terms of Agreement outlined below are subject to the following conditions:

- I understand acceptance of this commitment is payment until the check/ACH is received.
- I understand that the above payment will be mailed/transferred directly to me within ten to fifteen (10-15) business days upon receipt of Landlord Verification form.
- 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 acceptance of this commitment guarantees the tenant will not be charged a late fee or will not be evicted for 30 days  60 days

**IMPORTANT:** Treasure Coast Homeless Services Council, Inc. is dedicated to supporting individuals experiencing homelessness and is taking a significant step towards this commitment by agreeing to cover the Rent/Security Deposit. This agreement ensures that the tenant can commence residency in the property as per the lease agreement, regardless of whether the payment has been received. Once this agreement is signed by the Landlord, TCHSC is legally obligated to fulfill its financial obligations to the landlord within 10-15 days. This payment will not be made until the Landlord verification has been returned to TCHSC and verified. All payments will be made through an ACH transaction or check, ensuring a secure and efficient transfer of funds. TCHSC's adherence to the outlined terms and conditions signifies their dedication to helping individuals secure stable housing and alleviate the challenges associated with homelessness.

As agreed by,

\_\_\_\_\_  
Rayme L. Nuckles, MHS  
Executive Director

\_\_\_\_\_  
Agreement Effective Date

*Landlord, by signing the below you agree to the above outlined terms. Upon receipt of signature, your payment will be processed within 10-15 days.*

Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_