

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

## **INFORMATION YOU WILL NEED TO BRING TO YOUR APPOINTMENT**

1. Proof of **ALL** household income for the previous 30 days.  
Examples:
  - Salary or Wages – Previous 30 days of check stubs showing gross earnings
  - Child Support income-Current printout
  - Social Security/Disability income-Statement or printout from Social Security Administration showing gross earnings
  - Unemployment income- Current printout from Unemployment Agency showing gross earnings
  - Veterans benefits-Statement showing gross earnings
2. **Social Security CARDS** and birthdates for **ALL** household members.
3. **Photo ID**
4. Any household member who is unemployed and over the age of 18 will need proof of current Iowa Workforce registration
5. For **RENTAL** assistance for place you are currently residing:
  - Copy of lease agreement or rental contract : If no lease agreement you will need a written statement from Landlord showing who is renting, the address, how much the rent is per month and when tenant moved in
  - Completed Landlord form
  - Eviction notice if applicable
6. For **RENTAL** assistance for moving into a new place:
  - Completed Landlord form
7. For **MORTGAGE** assistance:
  - **CURRENT** mortgage statement. (If mortgage statement has property taxes and/or homeowners Insurance lumped into the payment we will need a statement from lender that shows separated amounts)

Any receipts or documentation that shows or explains the crises/reason you are seeking assistance.

**Outreach Office (712) 274-1610 ext: 220 Fax (712) 274-4171**

**COMPLETION OF THIS FORM DOES NOT GUARANTEE ASSISTANCE (This is not an application and should be completed by the landlord or property manager only)**

(Today's date) \_\_\_\_\_

To Whom It May Concern:

This letter confirms that \_\_\_\_\_ (Name) **currently rents/wants to rent property at (please circle one)**

\_\_\_\_\_ (Address of apartment/house) from me.

The rent is due on \_\_\_\_\_ (date) on each month. The amount of one month's rent for the Month of \_\_\_\_\_ (month, year) is \$ \_\_\_\_\_. This amount does not include deposits, late fees or any other fees. If the individual is behind, please list the month(s), the rate per month, amount still owed and total past due, not including any late fees or other fees below:

Month(s)	Rate per Month	Amount Still Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Past Due: \$ \_\_\_\_\_  
 Deposit Due: \$ \_\_\_\_\_  
 Total Due: \$ \_\_\_\_\_

- Please check if funding will be used for the payment of first month's rent.
- I agree to accept Program funds for the payment of the above rent which will guarantee residency for 30 days.
- If the tenant does not remain in the unit for six months, I further agree to refund the deposit, if applicable, to the Community Action Agency of Siouxland.
- Please check if all Utilities are included. (If all utilities are not included please list what utilities the client is required to pay): \_\_\_\_\_

- Please check if month to month lease.
- Please check if Property Owner.
- Please check if Property Manager.

Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Check Payable to: \_\_\_\_\_

Client signature (optional) \_\_\_\_\_

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

Date: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_