

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) _____

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Past Due: \$ _____

Deposit Due: \$ _____

Total Due: \$ _____

☐ No member of the household has received assistance for any month listed above

☐ Please check if you have a pending rent application for assistance with another program, if yes please list agency name/program _____

☐ 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.

Signature: _____

☐ Please check if Property Owner.

Phone: _____

☐ Please check if Property Manager.

Print Name: _____

Landlord Email _____

Check Payable to: _____

Client signature (optional) _____

Address: _____

Date: _____

City, State, Zip: _____