#### **Landlord / Property Manager Statement**

## **Instructions:** Landlord / Property Manager must complete the section below. In order for a rent payment to be processed, the **Landlord/Property Manager MUST complete and SIGN the section below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I verify that I will be/am the Landlord/Property Manager for: | |  | | | | |
| Name of Tenant/Client | | | | | | |
| who will be /  is residing at: | |  | | | | |
| Rental Property Street Address | | | | | | |
|  | |  | | | | |
| City, State Zip Code | | | | | | |
| and will be/is legally responsible for a rent payment in the amount of: | | | $       (Base Rent) | | | per month, |
| which is the basic monthly rent and does not include any other fees (i.e., late fees, legal fees, deposits, fees for other | | | | | | |
| services, insurance, and option products). Rent  will be /  is due on the: | | | |  | (day of the month – i.e., 1st ) | |
| and considered late on the: |  | of each month. | | | | |

|  |  |
| --- | --- |
| Renter  will owe /  owes the following other fees: | $ |
| Total amount due | $ |

|  |  |  |
| --- | --- | --- |
| I agree that the Renter **will not be evicted** or **otherwise displaced** for **non-payment of rent** for the **month/year** of       being paid, if the monthly rent amount to be paid is received. Furthermore, I agree to accept rental assistance or other type of funds for the payment of rent. I understand that the checks may take up to 21 days to be processed and that the payment will be sent from: Heart of Florida United Way. I agree to waive any late fees incurred due to late payment. | | |
|  | **Make check payable to:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Printed Name of Landlord/Property Manager |  | Name of Apartment Complex |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Landlord/Property Manager |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Landlord/Property Management Street Address City/State/Zip Code |  | Phone Number |

##### Caseworker Verification

**Instructions: Agency caseworker must complete section below; incomplete documents will result in delayed payment processing.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm that the above Landlord/Property Manager Statement has been verified as correct: | | | | |
| Period covered (Month/Day/Year): from | |  | to |  |
| One month’s base Rent: |  | | Other fees: | $ |
| Amount to be paid by  BN  FEF  Other: | | | $ | |
| Amount to be paid by Renter or other sources: | | | $ | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| CM Name/Signature |  | Date |