**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 to accept rental assistance or other type of funds for the payment of rent for the month of      . If for any reason the Renter is not able to move in and the money is received, I agree to send the checks back to Heart of Florida United Way. 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.  |
|  | **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 |