

NEW LANDLORD or TEMPORARY HOUSING STATEMENT

This form is required for all applications requesting assistance with moving into a new apartment/ rental home or hotel/motel. Please have your potential landlord or apartment complex complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information

Associate Information

Associate's Name

EMPID:

If requesting a hotel for temporary shelter, how long will you need the room?

Apartment Complex Name or Landlord's Name (please print):

Apartment/Rental Home Address:

Apartment Complex or Landlord's Phone Number:

Anticipated move-in date:

Associates Signature:

Date

Apartment/ Landlord Information *(for permanent residence)*

Apartment

Rental House

Names on lease or other residents

1 Bedroom

1 Bedroom

2 Bedroom

2 Bedroom

3 Bedroom

3 Bedroom

4+ Bedroom

4+ Bedroom

Total Amount Needed to Occupy Property

Security Deposit

1st Months Rent

Pet Deposit

Other Deposit

Total

Has the associate been approved to move into this property? Yes
No

Has the apartment complex or landlord received the security deposit? Yes
No

Apartment complex or landlord accepts:

Please make check payable to:

Landlord / complex manager's Name

Landlord / complex manager's signature

Date

Hotel/Motel Information *(for temporary residence)*

Hotel/Motel's Name

Hotel/ Motel's Address

Daily Rate (\$) :

Weekly Rate (\$) :

31- day Rate (\$) :

Hotel accepts (credit card is not an option) :

Hotel / Motel manager's Name

Hotel / Motel manager's signature

Date