



TO BE FILLED OUT BY THE APARTMENT MANAGER/LANDLORD



Please **copy your letterhead/business card to the space provided above**. If you are unable to do so, the following information must be included on your own letterhead.

LETTER OF INTENT

ALL SECTIONS MUST BE COMPLETED:



RENTAL INFORMATION:

NAME OF THE VICTIM AND INTENDED OCCUPANTS (and their relationship to the victim):

RENTAL AMOUNT: \$ _____

RENTAL DEPOSIT(S): \$ _____

APPLICATION FEE (if any): \$ _____

PET DEPOSIT (if any): \$ _____

ADMIN FEE (if any) \$ _____

ARE YOU REQUESTING THE 1ST MONTH'S RENT PRIOR TO MOVE IN: YES ___ NO ___ (check one)

LOCATION OF INTENDED RESIDENCE: _____

ESTIMATED DATE OF MOVE IN: _____ (month / day / year)



TO YOUR KNOWLEDGE, HAS THE VICTIM RECEIVED OR APPLIED FOR ASSISTANCE FROM OTHER AGENCIES, SUCH AS THE LOCAL HOUSING AUTHORITY?

YES ___ NO ___ if yes, amount of assistance: _____

Name of Agency _____

Contact Person _____ **Telephone # (_____)** _____



I UNDERSTAND AND ACCEPT THAT THE LEASE IS AN AGREEMENT BETWEEN ME AND THE TENANT, AND NOT THE CVC PROGRAM.

 PRINTED NAME OF LANDLORD / APARTMENT MANAGER

 DATE

 SIGNATURE OF LANDLORD/APARTMENT MANAGER

(_____)

TELEPHONE NUMBER