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**

**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**

(______) ____________________