



**TO BE FILLED OUT BY THE APARTMENT MANAGER OR LANDLORD**



Please copy your letterhead or business card to the space provided above or submit a copy of your either with this packet. If you do not have a business card or letterhead, the CVC program will attempt to verify you are the property owner through county property records. You may be asked for additional information if we are unable to verify your ownership.

**LETTER OF INTENT**

➡ NAME OF THE 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 FIRST MONTH'S RENT PRIOR TO MOVE IN: YES \_\_\_ NO \_\_\_ (check one)

LOCATION OF INTENDED RESIDENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

➡ Are you aware of any assistance the victim has applied for or received from other agencies, such as a local housing authority?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, amount of assistance: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Contact Person and Telephone # \_\_\_\_\_

➡ **The CVC program is not a party to the lease. I understand this is one-time assistance and that the lease agreement is between the tenant and myself. I will deal directly with the tenant if issues arise after the lease is signed.**

\_\_\_\_\_  
PRINTED NAME OF LANDLORD / APARTMENT MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF LANDLORD/APARTMENT MANAGER

( ) \_\_\_\_\_  
TELEPHONE NUMBER