

Treasure Coast Homeless Services Council, Inc.

2525 St. Lucie Avenue

Vero Beach, FL 32960

772-567-7790

Fax 772-567-5991

Current Landlord Information sheet

(This form is to be completed by the Landlord in the event of a delinquency or pending eviction)

Tenant Name: _____

Tenant Address: _____

Landlord Name: _____

Landlord Phone #: _____

Tenant Length of Residency: _____

Subsidized Housing Assistance: Yes No

Type of Subsidy: _____

Tenant payment history: Good Fair Poor

Monthly Base Rental Amount for this unit: _____

Monthly Amount of Rent the Tenant is responsible for: _____

Weekly Amount of Rent the Tenant is responsible for: _____

Is the client or any other resources paying any portion of the rent due? If yes who:

Name: _____ Amount of Commitment: \$ _____

Check Received: Yes No

Total Amount Past Due: \$ _____ for the Month/s of _____

_____ Rent Due Date: _____

If assistance is provided, you will be notified by the Case Manager. Our checks are mailed directly to you within ten business days of approval. Acceptance of this payment guarantees the tenant will not be evicted during the next 30 days or incur a late fee. ***(Please Note: If the information on this form and the attached W-9 are NOT legible, the processing of your rent payment will be delayed.)***

Name & Mailing Address: _____

Check will be mailed to: _____

Social Security/ EIN Number: _____

Contact Phone Number: _____

Authorized Signature: _____ Date: _____