



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

A Homeless Solution Provider

FEMA

Client Information:

Client Name: _____

Client Address: _____
(complete street address)

(city/state/zip)

Type of Assistance:

Rent (check one)

Past Due Rent

Current month's rent

First month's rent (effective/move in date _____) (m/d/y)

The monthly rent payment is \$ _____

The total owed (including the amount above) is \$ _____

The one-month amount being paid by this agency is \$ _____

The amount being paid is for the month of (m/y) _____

The one-month amount being paid is/was due on (m/d/y) _____

The one-month amount being paid is past due in its entirety at time of payment (check one) Yes No

EFSP guidelines allow for the current rent payments to be made up to 10 calendar days before the due date. First month's rent may be paid up to 30 days prior to move-in date. No deposits, late fees are eligible when providing assistance to individuals/households.

Case Manager Name: _____ Email: _____

Case Manager Signature: _____ Date: _____

Landlord Verification: (To be completed by the landlord)

This is to confirm that rent for _____ for the property
(name of individual or family)

at _____ with
(complete address, street number and name, city, state, zip code)

a monthly rent amount of \$ _____ (rent only; no deposits, late fees, or other charges included)

is/was due on _____. The total amount currently owed is \$ _____.

The Individual /family now has rent due/past due for the month of _____.
(month/year)

Landlord Name: _____ Phone: _____

Address : _____
(street/city/state)

Landlord Signature : _____ Date: _____

Important: Payment will guarantee residency for an additional 30 days!