



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

A Homeless Solution Provider

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 past due amount being paid by this agency is \$ _____

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

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

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: _____