

New Landlord or Temporary Housing Statement

This form is required for all applications requesting assistance with moving into a new apartment/rental home or hotel/motel. Please have your potential landlord or apartment complex complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information.

*Please print

Associate Information		
Associate Name:		
Associate ID:		
If requesting a hotel for temporary shelter, how long will you need the room?		
Apartment Complex Name or Landlord's Name:		
Apartment/Rental Home Address:		
Apartment Complex or Landlord's Phone Number:		
Anticipated Move-in Date:		
Associate Signature:		Date:
Apartment/Landlord Information (for permanent residence)		
Apartment	Rental House	Names on lease or other residents
<input type="radio"/> 1 Bedroom	<input type="radio"/> 1 Bedroom	
<input type="radio"/> 2 Bedrooms	<input type="radio"/> 2 Bedrooms	
<input type="radio"/> 3 Bedrooms	<input type="radio"/> 3 Bedrooms	
<input type="radio"/> 4+ Bedrooms	<input type="radio"/> 4+ Bedrooms	
Total Amount Needed to Occupy:		
Property Security Deposit:		
1 st Month's Rent:		
Pet Rent:		
Deposit Other:		
Deposit Total:		
Has the associate been approved to move into this property?		<input type="radio"/> Yes <input type="radio"/> No
Has the apartment complex or landlord received the security deposit?		<input type="radio"/> Yes <input type="radio"/> No
Apartment or landlord accepts:		
Please make check payable to:		
Landlord/complex manager's name:		
Landlord/Complex manager's signature:		Date:
Hotel/Motel Information (for temporary assistance)		
Hotel/Motel's Name:		
Hotel/Motel's Address:		
Daily Rate (\$):		
Weekly Rate (\$):		
31-Day Rate (\$):		
Hotel accepts (credit card is not an option):		
Hotel Manager's Name:		
Hotel Manager's Signature:		Date: