

**HEART OF FLORIDA UNITED WAY
HOUSING ASSISTANCE PROGRAM
LANDLORD/MORTGAGE HOLDER AGREEMENT**

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED FOR PAYMENT.

This is to verify that _____ is/are the tenant(s) or home buyer(s) residing at _____.

The rent/mortgage is \$ _____ per _____ (month or week). As of today's date, the tenant(s)/homebuyer(s) account has a \$ _____ balance due. This amount is for rent/mortgage payment(s) due from _____ to _____. An eviction notice will be served if the account is not paid current by _____.

If the tenant(s) is/are qualified for assistance, I agree to accept payment for the amount listed in the authorization voucher. I understand that payment will be received within 30 days of the date on the voucher. Further, I understand that any balance due on the rent after the authorized amount has been paid remains the responsibility of the tenant(s).

I understand that by signing this form, I am certifying that the tenant(s)/homebuyer(s) is/are NOT subject to a lifetime registration requirement under the state sex offender registration program.

Please print clearly:

Make check payable to: _____

Address: _____

Name of landlord: _____

Telephone #: _____ Fax #: _____

Landlord Signature Date

Tax ID # or Social Security #: _____

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FOR OFFICE USE ONLY

AUTHORIZED AMOUNT: Rent \$ _____

Housing Coordinator Signature Date

For further information, please contact: _____