[DATE]

[Landlord Name

Address]

RE: Confirmation of Rental Assistance on behalf of [CLIENT NAME] at [CLIENT ADDRESS]

Dear [Landlord],

This letter is to confirm that [Client] is a program participant of the Your Way Home Rapid Re-Housing Program through [Agency Name]. As a program participant, [Client] is eligible to receive temporary assistance with their rent and utility costs.

Below is a description of the costs needed for move-in for [Client] to the unit at [Address]. The costs that [Agency] and [Client] will each pay, and their due dates as specified in their lease, are below.

|  |  |  |  |
| --- | --- | --- | --- |
| Month or Cost Description | [AGENCY] Portion | Tenant Portion | Due Date |
| First Month Rent |  |  |  |
| Last Month Rent |  |  |  |
| Security Deposit |  |  |  |
| [Month 2] Rent |  |  |  |
| [Month 3] Rent |  |  |  |
| [Other Cost] |  |  |  |

[Client] and [Agency] are responsible for paying their respective portions of housing costs directly to you by the date listed above. The grace period for the rent due, per the signed lease, is \_\_\_\_ days. [Agency] agrees to pay late payment penalty requirements in the amount of \_\_\_\_\_ for any [Agency] portion of rent provided after the grace period.

[Agency] will send a separate check for the agency portion directly to you by the date listed above. If you have questions or issues with receiving either payment, please contact me directly at [Housing Locator phone number].

[Client]’s tenure in the Rapid Re-Housing program is re-evaluated every 3 months. At the close of this 3-month period, additional need for rental assistance will be evaluated. You will receive notice of the tenant’s eligibility for continued rental assistance at that time.

In accordance with funding regulations, this rental assistance agreement must terminate immediately and no further rental assistance payments by Your Way Home may be made if:

1. The household moves out of the leased housing unit
2. The lease terminates, and is not renewed
3. The tenant becomes ineligible for the Your Way Home program under Your Way Home policy, “Rapid Re-Housing Client Exit/Termination”

During the stated term of this Rental Agreement, the landlord/owner of this property agrees to provide written notice to the Your Way Home Housing Resource Center of any notice to the tenant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the tenant.

If you have any questions about this program or have any issues or concerns with the tenant, please contact me directly and I will help to resolve those issues.

Sincerely,

[Housing Locator Name]

Housing Locator

[Housing Locator phone number]

[Housing Locator email]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to the terms of this Rental Agreement.

*Tenant Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to the terms of this Rental Agreement.

*Landlord Signature*