



Rental Information – To Be Completed by Client Landlord

Client Name: _____

Client Address: _____

I understand that the client named is applying for housing assistance through Eblen Charities. The funds are being requested for (please check):

- Deposit Funds
- First Month's Rent
- Past Due Rent or Mortgage

Upon signature, the landlord agrees to accept \$_____ on behalf of named client to help the client in avoiding eviction; or to be able to take possession of the rental unit. Their monthly rental costs are \$_____ and I agree to accept \$_____ to maintain their housing for the next 30 days. The original amount was due on _____ (date).

Landlord Information

Landlord Name: _____

Landlord Address: _____

Phone: _____

Email Address: _____

Signature of Landlord _____

Date _____