

SEACAP Assistance Confirmation Form

COMPLEX/COMPANY NAME: _____

COMPLEX/COMPANY ADDRESS: _____

COMPLEX/COMPANY

PHONE NUMBER: _____

COMPLEX/COMPANY

FEI NUMBER:***

****(FEI must be provided if payment is being made to a complex)*

NAME OF OWNER: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE NUMBER: _____

OWNER'S SS NUMBER:****

(HOME OWNERS SOCIAL SECURITY NUMBER)

****(Social Security number must belong to the owner of the home. Manager's SS number is not acceptable)*

* * * **EVICTION PREVENTION ASSISTANCE** * * *

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

List the months late on rent:		If rent is not paid, list the date client must leave home:	
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Your monthly rate is \$_____. The total amount past due includes the following charges:

(Past Due if Any)	(Past due rent amount here)
Rent amount: \$	
(Deposit Only)	(Unpaid deposit amount here)
Deposit amount: \$	
Total Amount Past Due: \$	(TOTAL OF ALL 4 LINES ABOVE)

Print Landlord/Manager Name

Landlord / Manager Signature & Date

I (Landlord) understand and agree to the SEACAP terms. I understand once voucher is received there is a 10-12 week payment waiting period; during which no penalty or late charges will be incurred by lessee or SEACAP. Additionally, any eviction proceedings for the month voucher was received are prohibited.

Landlord / Manager Signature & Date