

## LANDLORD AGREEMENT

Directions: Please do not leave anything blank and write legibly

- I. LANDLORD SECTION:** \_\_\_\_ ALF / AFCH \_\_\_\_ Group Home \_\_\_\_ FARR  
\_\_\_\_ Foster Home \_\_\_\_ Independent Living \_\_\_\_ Other: \_\_\_\_\_

**If a licensed or certified facility, please attach license to this application.**

Name of Company: \_\_\_\_\_

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ if not a Company, SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Rent Payment will be made out to: \_\_\_\_\_

**FOR PAYMENT PLEASE ATTACH A VOIDED CHECK**

Rent Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

- II. TENANT SECTION:**

Tenant's Legal Name: \_\_\_\_\_

Tenant will live at: \_\_\_\_\_

Starting on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- III. FINANCIAL SECTION:**

Monthly Occupancy / Rental Fee: \$ \_\_\_\_\_

Utilities included: \_\_\_\_ Yes \_\_\_\_ No, please state utilities and amount:

Food included: \_\_\_\_ Yes \_\_\_\_ No, if not client may qualify for Food Assistance.

If tenant is not qualified for food assistance what is the food fee: \$ \_\_\_\_\_.00.

- IV. TENANT'S SIGNATURE:**

By signing, I understand and agree that the rent amount above is true to the best of my ability. I agree to notify TRUST UNITED INC upon knowledge to move or accept residency at another location. I also understand I will inform TRUST UNITED INC when I am hospitalized, if possible.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- V. LANDLORD'S SIGNATURE:**

By signing, I understand and agree that TRUST UNITED INC will not be held responsible for multiple domiciles for the same period. TRUST UNITED INC will not pay for periods that TRUST UNITED INC was not the payee of record unless payments were submitted with confirmation of period. Back rent must be received from the previous payee or directly from tenant. The tenant should be encouraged to finish the month where the rent has already been paid to another housing provider. Please note that clients have a limited income and resources.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mailing / Physical: 1031 Ives Dairy Road, Suite 228, Miami, Florida 33179

Phone: 561-331-6010 - Email: [payee@trustunited.org](mailto:payee@trustunited.org) - Website: [www.trustunited.org](http://www.trustunited.org)

## **LANDLORD AND TRUST UNITED INC RESPONSIBILITIES**

### **LANDLORD**

1. The landlord will complete all sections of the landlord agreement.
2. The landlord shall utilize the rental payments for intended purposes state on the landlord agreement
3. The landlord will provide an enjoyable living environment.
4. The landlord will submit invoices at the end of the month.
5. The landlord will notify TRUST UNITED INC of termination of tenancy within 24 hours.
6. The landlord will have a “bed hold” commitment for client who is to return from a hospital stay or vacation if occupancy remains appropriate for client.
7. Landlord will report any rent increase at least 30 days prior to effective date.
8. Landlord will make all requests on a company letter head with an authorized official signature and date. No handwritten request will be accepted from the landlord or landlord’s company.
9. The landlord will not accept monies for a client who has moved out.
10. The landlord will call or email when any return of unused funds for the client are being sent to **TRUST UNITED INC at 1031 Ives Dairy Road, Suite 228, Miami, Florida 33179.**

### **TRUST UNITED INC**

1. TRUST UNITED INC will send payment ONLY by the method on file no later than 5 business days.
2. TRUST UNITED INC will always send requests and correspondences on TRUST UNITED company letter head.
3. TRUST UNITED INC cannot guarantee increase payments can be met as client’s have a limited income and resources. The landlord will be informed of determination.
4. TRUST UNITED INC will only be responsible and pay for tenant’s use stated on the Landlord Agreement.

As the landlord, I understand and agree to carry out my responsibilities stated above.

#### **Landlord’s Signature**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### **Trust United Signature**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

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