FIRST MONTH'S/MOVE-IN RENT LETTER

(Date)			
This is to confirm thatrent a residence from me at the	(Prospective (Prospective) (Pr	ve Tenant's Name) ress:	has arranged to
beginning	The	e amount of one month's re	ent is \$
The amount of rent needed to	move in on the	above date is \$	The deposit
amount needed to move in is	\$	The total amou	nt needed to move in is
\$	(CAM will requ	uire that this amount is sec	ured before our funds are
released). The following othe	r conditions mus	st be met before this family/	/individual moves in (i.e.
electric/water connected, gas	connected, etc_		
The following persons will be		sehold:	
Landlord Name/Realty Compa	any Name	Landlord SS# or T	ax ID#
Mailing Address		Property Manager	's Name (if different from LL)
City, State, ZIP			
Phone Number			

*CAM is required to supply the Internal Revenue Service with the name of unincorporated landlords who receive payments in excess of \$600 per year from CAM. Individual Social Security Numbers or Business Tax ID Numbers MUST be supplied so that we can comply with this requirement. CAM will provide a Form 1099 at the end of the year to affected landlords.

ALL INFORMATION ON THIS FORM MUST BE COMPLETED BY THE LANDLORD. CRISIS ASSISTANCE MINISTRY WILL CALL THE LANDLORD TO VERIFY THIS INFORMATION. WE MUST ALSO BE ABLE TO VERIFY THAT THE PERSON/COMPANY THAT WE ARE MAKING OUR CHECK PAYABLE TO IS THE PROPERTY OWNER. NO FUNDS WILL BE RELEASED UNTIL ALL OF OUR VERIFICATIONS ARE COMPLETED. ONCE ALL IS COMPLETE, IT TAKES A MINIMUM OF 1 WEEK TO PROCESS PAYMENT.