NOTE: Organizations are welcome to adapt these sample materials to fit your needs and the work you do. You may change wording to match the language your organization prefers (e.g., survivor or service participant). Before using this template, delete any notes in grey and be sure to replace all highlighted sections with your program-specific information.

It is important to consider the confidentiality of survivors in your program when sending any documents or payment with agency information. For some agencies, setting up a DBA (Doing Business As) may be beneficial so landlords do not know a tenant is a survivor being served by your agency.

Date

Landlord/Rental Property Name

Address

City, State

Zip code

Dear Landlord Name,

Program Name will pay $amount per month for the next # of months towards the rent (as housing assistance) for the apartment rented by *Participant Name.* We will provide the check directly to you no later than the 1st of each month. The balance will be paid by the tenant.

These payments will end immediately if the lease is terminated by the landlord or the tenant. If the Program Name determines the tenant is no longer eligible for housing assistance, the program will notify the landlord within # of days or in a timely manner.

If you have any questions, please contact me at Program Number ext.000

Sincerely,

Program Manager Name

Title

Email