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.

This document may be useful if a survivor needs documentation that they are participating in your program. If your agency is releasing this document to another agency on behalf of a survivor, you must have a signed release of information. Your agency may provide a copy of this to the survivor for them to provide it to the agency/person needing the documentation.

Note: 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

To whom it may concern:

*Participant Name* is currently participating in the Program Name Transitional Housing Program.

The client enters into a lease with the landlord. The program provides rental assistance to support the client for up to 24 months. The amount is based on the client’s need and is reviewed every three months. The subsidy is paid directly to the landlord.

The landlord will receive an initial letter from us stating the amount of the subsidy we will provide. If the lease is terminated by the landlord or the tenant, or if the Program Name determines the tenant is no longer eligible for housing assistance, the subsidy will end immediately.

The program will notify the landlord in a timely manner.

If you have any questions please feel free to contact me at Program Number.

Thank you,

Program Manager Name

Title