Iowa Statewide Emergency Solutions Grant (ESG) Program LANDLORD AGREEMENT for RENTAL ASSISTANCE



This Landlord Agreement of	confirms that	(tenant's na	(tenant's name) is approved	
to rent property from me at:		(street a	(street address, unit #)	
(C	ity, state and zip	. According to the tenant's lease, received of days. The late	ent is due on the	
is \$ Monthl	v rent is \$	Please list any amounts owe	d (rent deposit	
application fee) as of the e	xpected move-ii	date:		
Pro-Rate Rental Amount p	er Dav:	x # Davs: \$		
· · · · · · · · · · · · · · · · · · ·		* * *		
		\$		
Total Due: \$	as of	(date of expected mo	ove-in).	
Term of Agreement/Reside	ency Period (dat	es):		
Utility responsibilities for th	is rental unit are			
Electric:				
	□Tenant			
Water & Sewer:				
Payment terms: □Mail all	checks to me at	the address below \Box Other:		
By signing below, I certify t	that:			
		ement with	(agency name).	
		named above or authorized to act or		
	gned W-9 form	o the agency named above during the	ne current	
	•	ncy named above towards the paym idency for the period(s) noted above		
above a written co	py of any notic der state or loc	agreement, I must give to the age to the tenant to vacate the housi al law to commence an eviction ac	ng unit, or any	
5		nant moves out, the lease terminate ce, and no further payments will be r	-	
Print Your Name:				
Signature:		Date signed:		
Check payable to:		Phone:		
Address:		City, State, Zip:		
Fax:	Email (c	otional):		
Agency Representative:				
Signature:		Date:	_	
		loes not take the place of the lease, or v		