

# SEACAP Assistance Confirmation Form

COMPLEX/COMPANY NAME: \_\_\_\_\_

COMPLEX/COMPANY ADDRESS: \_\_\_\_\_

COMPLEX/COMPANY

PHONE NUMBER: \_\_\_\_\_

COMPLEX/COMPANY

FEI NUMBER:\*\*\*

\*\*\*(FEI must be provided if payment is being made to a complex)

NAME OF OWNER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S PHONE NUMBER: \_\_\_\_\_

OWNER'S SS NUMBER:\*\*\*\*

(HOME OWNERS SOCIAL SECURITY NUMBER)

\*\*\*(Social Security number must belong to the owner of the home. Manager's SS number is not acceptable)

\* \* \* **EVICTON PREVENTION ASSISTANCE** \* \* \*

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

List the months late on rent:		If rent is not paid, list the date client must leave home:	
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Your monthly rate is \$ \_\_\_\_\_ . The total amount past due includes the following charges:

<b>(Past Due if Any)</b>	<b>(Past due rent amount here)</b>
Rent amount: \$ _____	
<b>(Deposit Only)</b>	<b>(Unpaid deposit amount here)</b>
Deposit amount: \$ _____	
<b>Total Amount Past Due: \$ _____</b>	<b>(TOTAL OF ALL 4 LINES ABOVE)</b>

\_\_\_\_\_  
*Print Landlord/Manager Name*

\_\_\_\_\_  
*Landlord / Manager Signature & Date*

I (Landlord) understand and agree to the SEACAP terms. I understand once voucher is received there is a 10-12 week payment waiting period; during which no penalty or late charges will be incurred by lessee or SEACAP. Additionally, any eviction proceedings for the month voucher was received are prohibited.

\_\_\_\_\_  
*Landlord / Manager Signature & Date*