

**CATHOLIC CHARITIES FORT WORTH | COMMUNITY CARE**  
**PROPERTY OWNER AGREEMENT LETTER**

Tenant Name \_\_\_\_\_

Address (Apartment / House) \_\_\_\_\_

Rent Amount Owed \$	Late Fees \$	<b>TOTAL DUE \$</b> _____
First Month's Rent \$	Deposit \$	

W9 Attached  Complete Lease Attached  Current Account Statement (Detailed)

\_\_\_\_\_ (Landlord Initials) I understand that if the client qualifies for assistance with the Catholic Charities Fort Worth Community Care program, the tenant will receive up to **\$800** for rental assistance.

*\*\*Please include the address where the check should be sent.*

Landlord / Manager Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

Catholic Charities Staff Signature \_\_\_\_\_ Date \_\_\_\_\_