



Phone: (239) 405-8595 Fax: (239) 405-8593

LANDLORD FORM

Date: _____

This is to verify _____ is a tenant of mine residing at
(Tenant's name)

The following address: _____
(Tenant's Address)

Landlord's Name: _____
(Please Print)

Apartment Complex: _____

Mailing Address: _____
(Apartment Complex)

Zip Code: _____ Telephone: _____

The above tenant pay \$ _____ per month

Amount due by tenant \$ _____ Is rent now past due? Yes or No

How many people occupy the premises, including tenant? _____ the
tenant moved in ___/___/___

Is tenant subject to eviction without financial assistance? Yes or No

Is tenant currently receiving any form of subsidized rental assistance? Yes or No

Are you related in anyway to the above client or anyone living in their household? Yes or No

I certify that the above information is true and correct. Additionally, I guarantee that should I receive financial payment from LOVEINC toward the above indebtedness that I will apply such funds directly towards the tenant's account. Under no circumstances will we deliver such funds to the tenant. Should the above information be found false I understand that I will be subject to legal action.

DATE: ___/___/___

(LANDLORD SIGNATURE)



Day Worker Work Calendar

When Proof of Pay is NOT Available

Name: _____ Date of Birth: _____ Month: _____

For every day you work, enter the date, gross (before taxes) amount of money earned and the total number of hours worked for that day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	FOR OFFICE USE ONLY WEEKLY Totals
Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	Date: _____ \$: _____ Hrs: _____	\$: _____ Hrs: _____
Volunteer Name: _____ Signature: _____ Date Completed: _____							Monthly Total: \$ _____ Monthly Hours Worked: _____