

[Letter Head of property owner]

_____, 2020

To Pink Aid Committee:

I am the owner of premises located at _____,
_____, CT, _____.

_____ (Patient's full name) currently lives at this property in a separate (please check one):

Apartment Floor Room

Duration patient has lived at this property _____. Rent amount since occupancy \$ _____ per month or \$ _____ per year.

_____ (Patient's full name) does not have a written lease agreement but instead has a verbal occupancy arrangement with me to live at the above stated premises.

_____ (Patient's full name) presently pays \$ _____ per month \$ _____ per year for use of the premises.

Please list the patient's timeframe of agreement: Start Date to Termination Date of Verbal Agreement _____

This person is related to me is NOT related to me

Relationship _____

Landlord/Owner's Name _____

Address _____ State _____ Zip _____

Phone _____

Email

Print Name:

Sworn to before me this _____

Day of _____, 2020

Notary Public