

**PINK AID EMERGENCY FINANCIAL ASSISTANCE
LEASE INFORMATION FORM TO BE FILLED OUT BY SOCIAL WORKER**

The following information concerning the residency of (Name of Tenant)
_____ ("Tenant") is true and accurate to the
best of my knowledge:

Name of Landlord: _____
Address of rental property: _____ (include apt.number)

(Name of Tenant) _____ has (check appropriate
box)

- current written lease
- expired written lease
- Please attach a copy of the fully executed Lease and most recent renewal lease,
including signature pages and provide the following information:

Lease Term: Beginning Date _____ End Date _____

If the lease has expired, is Tenant now a month to month tenant upon lease expiration? _____

Monthly rental amount \$ _____ Next month that rent is due _____

This Tenant ___ is related to LL ___ is NOT related to LL
Relationship to LL _____

Is Tenant's rent in arrears? No _____ Yes _____

Last month rent was paid: Month _____ Year _____

What is the total amount of rent owed to date? _____

Does the Tenant have any other rental assistance? _____

From whom _____

Has LL started eviction proceedings? Yes ___ No _____

PAYMENT INFORMATION:

If the Landlord is an individual, provide: First name _____ Last Name _____

If Landlord is a corporate entity, please provide

Legal name of corporate entity (Payee): _____

Landlord address to send payment: _____

Does LL accept paper checks?

Yes ___ No ___ We only issue paper checks so unfortunately we will be unable to assist your
tenant with their rent obligation.

Social Worker Signature