Clear Form

HEALTH • HOME • HEART
West Valley Community Services

Emergency Financial Assistance Application
Rental Assistance

County Assessor: _____
Authorized Rep.: _____

Name of Resident Applicant: _____ Date: _____

1

Address of dwelling:	
Name of Property/Complex:	
Name of Owner/Authorized Representative:	
• **Phone number:**	( )
• **Other contact information:**	
Exact amount due:	$ _____ for _____ $ _____ for _____ $ _____ for _____
Check payable to:	
Address to send/drop off check:	
Special request for check memo:	

2

My preferred form of payment delivery is…

☐ *The check will be mailed to the address I have provided.*
☐ *I will pick the check up from West Valley Community Services (with my photo ID.)*
☐ *The check will be released to the tenant to hand deliver to me.*

3

I, _____ agree that the rent will be accepted from West Valley
Owner/Authorized Representative
Community Services as a third party check (unless otherwise noted). Furthermore, I agree that once payment is received, the tenant will be able to maintain housing for the duration of time agreed upon through the payment. I understand that payment will be delivered by the method I have selected. I understand this payment from West Valley Community Services does not create any new tenancy or change any pre-existing agreements.

_____ __ __ / __ __ / __ __ __ __
Signature of owner/authorized representative *Date*

To Whom It May Concern,

West Valley Community Services is not currently a tenant of this premises. **I acknowledge that acceptance of this rent payment does not create any new tenancy or change pre-existing agreements.**

_____ _____ _____
Case Manager Name *Case Manager Signature* *Phone Number*

Thank you for your cooperation. If you have any questions, please call the case manager.