



Families In Transition

(831) 728-9791

406 Main St., Rm.326, Watsonville CA 95076

[www.fitsantacruz.org](http://www.fitsantacruz.org)

**INVOICE FORM**

**(To be completed by Landlord)**

To: Families in Transition  
406 Main St., Rm. 326  
Watsonville, CA 95076

FROM: Landlord (check will be written to name and sent to address)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

Landlord Federal Tax ID or SSN: \_\_\_\_\_

INVOICE FOR:

- \_\_\_\_\_ First Month's Rent
- \_\_\_\_\_ Phased Rent Subsidy
- \_\_\_\_\_ Security Deposit
- \_\_\_\_\_ Motel/Hotel

(Please check as applicable)

Case Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address of Rental: \_\_\_\_\_

\_\_\_\_\_

Date Lease Effective: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Term: \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_ Security Deposit Amount \$ \_\_\_\_\_

(If applicable)

I hereby certify that to the best of my knowledge the above unit was built:

\_\_\_\_\_ On or before 1978

\_\_\_\_\_ After 1978

This confirms that \_\_\_\_\_ ( Name of family or individual) has/have arranged to rent an apartment/house from me at \_\_\_\_\_

(Address of rental)

effective \_\_\_\_\_ (Date). The amount of one month's rent is \$ \_\_\_\_\_. I agree to accept funds from a FIT program (i.e., ESG, HUD, SSVF, HSD, HCD, SCC Planning Program Funds) towards the payment of deposit and/or one or more month's rent. I agree that any assistance payments and/or agreements made by Families In Transition staff on behalf of the participant are an estimate only and may change at any time without notice.

Property Management Company (if applicable): \_\_\_\_\_

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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