



Emergency Financial Assistance Application

Check one: Rental Assistance Move in Deposit

County Assessor: _____

WVCS Staff: _____

Name of Applicant (Resident): _____ Date: _____

(If Move in Deposit is selected) Move in date: _____

1	Address of tenant:	
	Name of Property/Complex:	
	Name of Owner/Property Manager:	
	Phone number - Property Manager/Landord	()
	Email - Property Manager/Landlord	
	Exact amount due:	Month: _____ \$ _____ Month: _____ \$ _____ Month: _____ \$ _____
	Check payable to:	
	Billing address:	
	Check memo:	

2 My preferred form of payment delivery is...

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 Case manager Phone Number

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