

HOUSING APPROVAL LETTER

UPDATED:

Please complete this form and return	it to the PCCI Ho u	using Coordinator or	Housing Specialis	st:	
Name:		_ Email:			
This is to verify that (Name)	Has been approved to rent the property located				
at (Unit Address)					
(Unit Number), (Unit City)		, (Unit ZIP)			
		The unit will be ready for inspection on:			
Please indicate the costs below that no					
Prorated 1st Month's Rent: Secur		osit:	Application Fee:		
Administrative Fee:	Surety Bond Fee:		Risk Fee:		
Prorated Water Fee:		лр Fee:			
Other Move-In Costs:					
Please fill in all of the information belo	vW				
Monthly Rent (only): Is this Unit Subsid		sidized? No Yes	If yes, market ra	te:	
Water and Sewer:		h Fee: Pest Control:			
What utilities are paid by the client? (check all that apply) Water Electric Gas					
Type of Unit (check one option): Apartment House Townhome Other:					
Number of Bedrooms: Square Footage:					
Year Unit was Built:		Handica	p Accessible?	Yes	No
Lease Terms: 12 months 6 months Month-to-month Other:					
Checks will be made payable as specified below					
Name:					
Company:					
Address:					
The completed form should be signed, dated, name and title and provide a phone number v being considered for financial assistance for re inspection and final approval the tenant will be	where they may be rea nt and/or deposit. If t	ached directly. By signing be ne prospective tenant takes	pelow I understand the	prospective te	
Signature:		Date:			
Printed Name:		Title:			
Phone:					