

HDDVP  
Emergency Services Program  
760-475-7074

**FIRST MONTH RENT**

**Rapid Re-Housing Program**

Date: \_\_\_\_\_

This letter confirms that \_\_\_\_\_ is renting  
and moving into property from me at \_\_\_\_\_  
\_\_\_\_\_.

Monthly rent is \$ \_\_\_\_\_

Deposit is \$ \_\_\_\_\_

Rent is due on the \_\_\_\_\_ of each month.

I agree to accept payments from HDDVP Emergency Assistance Program.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Landlord Address & Phone

\_\_\_\_\_  
Landlord Name or Company Name (Please print legibly)

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

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**ACTION AUTHORIZED**

Rental and/or deposit amount authorized: \$ \_\_\_\_\_

Date to be paid: \_\_\_\_\_

Check No: \_\_\_\_\_ Check Date: \_\_\_\_\_