

Shelter Agreement

WARREN TOWNSHIP
of MARION COUNTY
Vernon A. Brown, Trustee



Client Instructions:

This form is to be completed by the landlord/mortgage company.

Landlord/Mortgage Company Instructions:

The individual below has requested township assistance for payment of his/her rent or mortgage. The trustee must investigate the client's circumstances to determine eligibility for assistance. Please complete the information below.

Client: Address: Date:

Name of Apartment Complex/Mortgage Company: _____ (private name if privately owned)

Address of Above: _____

Phone: _____

Federal Tax ID #: _____ (S.S. # if privately owned)

Monthly Rental/Mortgage Payment: _____ (deduct taxes and/or insurance if included in mortgage payment)

Type of Housing: Double _____ Full Facility Apartment _____ House _____ Efficiency _____ Sleep _____

Services/utilities **included** in the above payment:

Heating (show type) _____ Cooking (show type) _____ Trash Pick Up _____

Electricity _____ Water Heating (show type) _____ Sewer _____

Number of Bedrooms: _____

Does the applicant receive any type of subsidized assistance (i.e., Section 8 or HUD)? _____

Date and amount of last payment made by the applicant: _____

Current balance owed: _____

Have eviction or foreclosure proceedings been started, and if so, on what date? _____

If renting, please provide the following information based on your records:

Lessee's Name: _____ Co-Lessee's Name: _____

Lessee's Income: _____ Co-Lessee's Income: _____

Number of adults living here: _____ Number of minor children: _____

Payment Agreement – Payment offered by Trustee

Signing of this agreement and signing of the voucher prohibits the Landlord/Mortgage company from filing eviction or foreclosure proceeding during the 30 day payment period. The payment period of 30 days starts from the date the **applicant** signs the voucher and runs 30 days after this date. As the Landlord/Mortgage company representative, I understand this agreement and can accept said agreement should the applicant meet the eligibility standards of the township trustee:

Signature of Landlord/Mortgage Company Legal Representative:

_____ Date: _____

If you have any questions regarding this form, please contact the trustee's office at: 501 N. Post Road, Suite A
Indianapolis, IN 46219
At all times, the trustee's office will determine eligibility for assistance without regard to race, source of income, creed, gender, handicap status, national origin, marital status, political beliefs, sexual orientation or any other arbitrary condition that operates to defeat the broad statutory purpose of providing assistance to eligible individuals and families. p 317.327.8947
f 317.327.8948