Landlord Name

Street Address

Spokane, WA 99XXX

To Whom It May Concern:

This letter is to confirm that your tenant, XXXXXXXX, at address XXXXXXX, is eligible to receive housing and utility assistance through the COVID-19 Emergency Housing and Utility Assistance project in partnership with Better Health Together, the City of Spokane, and many community partners.

In order for us to issue you a payment on behalf of your tenant, please send the following documentation to me at XXXX@xxx.org:

* Housing Verification form (on next page) OR copy of lease/rental agreement
* Completed W9, available here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
* Utilities bill with account number (applicable only if paid by landlord)

You can expect payment in about 3-4 weeks. A check will be mailed from Better Health Together.

If you have any questions, please don’t hesitate to call me or email me.

Best,

*Care Coordinator Name*

*Title*

*Phone number*

*Email*

**Housing Verification Form**

*Not required if submitting a signed copy of lease/rental agreement.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Landlord”) verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Tenant”) resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address) and pays to “Landlord” the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each month for “rents” that includes room and/or $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for utilities, electricity, etc..

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

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