

Fort Collins Landlord & Tenant Support Program – TENANT APPLICATION

Client Name: _____ **Client Birthdate:** _____

Agency Name/Case Manager: _____ **Request Date:** _____

Case Manager Phone: _____ **Case Manager Email:** _____

Length of time Homeless: _____ **VI-SPDAT Score:** _____

If Applicable: Housing/Voucher Resource: _____ **Move-in Date:** _____

Amount Requested	Reason for Funding Request
	Housing Assistance - RENT
	Housing Assistance - SECURITY DEPOSIT
	Document Preparation
	Application Fee
	Previous Rent Balances
	Storage Fees
	First Month Rent
	Background Checks (Credit and Criminal)
	Moving Fees/Assistance
	OTHER - Explain

Landlord: _____ **Landlord Address:** _____

Landlord Contact: _____ **Landlord Phone/Email:** _____

Barriers to Housing/Need: _____

What resources have been exhausted? (*Resource Name, Date of Request, Reason for Denial*):

Additional Info/Comments: _____

Make Check out to (Name & Address): _____

Submit completed form to: rentalsupport@n2n.org