Vernon Township Assistance
Vernon Twp Trustee, Hancock Co.
602 Vitality Dr. Fortville, IN 46040

LANDLORD AGREEMENT TO ACCEPT TOWNSHIP ASSISTANCE VOUCHER

Tenant's Name(s) _____

Tenant's Address _____

Number of Adults in Household _____ Number of Children in Household _____ Total # in Household _____

Date Lease Began _____ Date Lease Ends _____ Month-to-Month _____ (Check if Applicable)

Monthly Rent $_____ Month(s) and Year of Past Due Rent _____

Additional Charges: (NOTE: Tenant is responsible for items marked with *)

Utilities/Fees $_____ (list each: _____) *Pet Rent $_____

*Garage/Carport $_____ *Appliance Rent $_____ *Pest Control $_____ *Insurance $_____

*Smart Home Fee $_____ *NSF Fee $_____ *Late Fees $_____ *Legal/Court Fees $_____

Total Balance Owed $_____ **Vernon Township Assistance Portion** $_____

Landlord's Acceptance: My signature below confirms I accept Vernon Township Assistance's portion of rent and utilities (if applicable) on behalf of my tenant(s); I agree not to pursue legal action against my tenant(s) (if eviction has **not** been filed or is pending), nor shall I charge additional late fees while awaiting Vernon Township's payment.

Landlord's Printed Name _____

Landlord's Signature _____ Date _____

Landlord's Email _____ Landlord's Phone # _____

Preferred payment method: US Mail_____ ACH_____ -**OR-** Pick-Up at Vernon Township Office_____