



Project Community Connections, Inc.

HOUSING APPROVAL LETTER

UPDATED 02/26/25

Return the completed form to the following PCCI Housing Coordinator or Housing Locator Specialist:

Name: _____	Email: _____
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Approval

This is to verify that (**Name:**) _____ has been approved to rent the property located at (Unit **Address:**) _____, (Unit **Number:**) _____, (Unit **City:**) _____, (Unit **ZIP:**) _____.

Please indicate the following dates:

Expected move-in date: _____ **The unit will be ready for inspection on:** _____

Please indicate the costs below that need to be paid before the client is able to move in

Prorated 1st Mo. Rent: \$ _____	Security Deposit: \$ _____	Application Fee: \$ _____
Administrative Fee: \$ _____	Administrative Fee: \$ _____	Risk Fee: \$ _____
Prorated Water Fee: \$ _____	Prorated Water Fee: \$ _____	Surety Bond: \$ _____
Other Move-In Costs: _____		

Please fill in all fields below

Monthly Rent (only): \$ _____	Is This Unit Subsidized? No Yes	If "Yes," Market Rate: \$ _____
Water and Sewer: \$ _____	Trash Fee: \$ _____	Pest Control: \$ _____
What utilities are paid by the client? <i>(Check all that apply)</i> Water Electric Gas		
Type of Unit <i>(Check one only)</i> Apartment House Townhome Other: _____		
# of Bedrooms: _____	Square Footage: _____	Year Unit was Built: _____
Lease Term: 12 months 6 months Month-to-Month Other: _____		

Property and Payee Information

Company Name: _____
Type name as it appears on line 1 of the company's W-9 form. Checks will be made out to this name.

Address: _____
The completed form should be signed, dated, and emailed back to PCCI. The person completing the form should also print their name and title and provide a phone number where they may be reached directly.

By signing below I understand the prospective tenant is being considered for financial assistance for rent and/or deposit. If the prospective tenant takes occupancy of the rental unit prior to inspection and final approval the tenant will be responsible for all rent and deposit payments.

Signature: _____	Date: _____
Printed Name: _____	Title: _____
Phone: _____	Email: _____