NOTIFICATION OF RESIDENTIAL AGREEMENT

INSTRUCTIONS: In lieu of a standard housing contract, this form may be used by the victim/applicant to substantiate their request for relocation assistance. Information established by the property manager or landlord serves as notice of intent to provide interim shelter, rent, or lease of a house, apartment, or piece of living space such as a room or guest house, to the named tenant identified below as the victim. This form along with any other proof of relocation expenses for housing should be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050; transmitted by facsimile to (850) 414-6197 or (850) 414-5779; emailed to VCIntake@MyFloridaLegal.com; or submitted via the bureau's web portal.

SECTION ONE: TENANT INFORMATION

To be completed by the property manager or landlord to identify the person who has requested occupancy for lawful residential purposes. (please print)

1. Victim's Name (last, first, middle):_____
2. Date of Birth: _____/_____/_____ 3. Last Four Social Security Number: XXX-XX-_____
4. Applicant's Name, If Applicable (last, first, middle):_____
5. Date of Birth: _____/_____/_____ 6. Last Four Social Security Number: XXX-XX-_____

SECTION TWO: LOCATION OF PROPERTY AND RENTAL/LEASE AGREEMENT

To be completed by the property manager or landlord to identify the property location and general terms of the agreement. (please print)

7. Type of Property (check one): ☐ House ☐ Room ☐ Apartment ☐ Guest House or Other Detached Property
8. Physical Street Address of Property: _____
9. City:_____ 10. State: FL 11. Zip Code:_____

12. Identify All Applicable Expenses:
    - Rental/Lease Deposit(s) _____
    - Security Deposit(s) _____
    - Application Fee (if any) _____
    - First Month's Rent (if required) _____
    - Pet Deposit (if applicable) _____
    - Last Month's Rent (if required) _____
13. Amount Collected (if any):_____ 14. Amount Outstanding (if any):_____
15. Scheduled Date to Move In: _____/_____/_____ 16. Date Contract Expires: _____/_____/_____

SECTION THREE: PROPERTY MANAGER/LANDLORD

To be completed by the property manager or landlord to affirm understanding of the intent for which this form may be used. (please print)

17. Are you the property manager or landlord? (check one) ☐ Property Manager ☐ Landlord
18. Name (last, first, middle):_____
19. Mailing Address: _____
20. City:_____ 21. State: FL 22. Zip Code:_____
23. Telephone Number: (_____) _____ 24. Facsimile Number: (_____) _____ 25. Email Address :_____

This Notification of Residential Agreement was created for the purpose of substantiating the proposed tenant's request for relocation assistance which is needed to qualify for eligibility. It is not a contract, nor does it replace or supplement a contract between the property manager, the company they represent, or the tenant. The Office of the Attorney General, Bureau of Victim Compensation, is not a broker nor a party within the contract, assumes no responsibility for the terms or contingencies of the contract, and is not a guarantor of payment. To the best of the property manager or landlord's knowledge, the tenant has not received or applied for assistance from other agencies, such as local housing authorities. Disputes including issues of occupancy or payment must be settled in the forum identified on the contract.

BY SIGNING, I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

26. Property Manager or Landlord's Signature:_____ 27. Date:_____

SECTION FOUR: VICTIM/APPLICANT VERIFICATION OF RESIDENTIAL AGREEMENT

To be completed by the victim or legal guardian of a minor or incompetent adult. (please print)

BY SIGNING, I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

28. Victim/Applicant's Signature: _____ 29. Date:_____

The Office of the Attorney General, Bureau of Victim Compensation is an equal opportunity provider and employer.