

Partner Agency _____

CSP ID _____

SRA _____ TRA _____ (check one)

CSB TENANT RENTAL ASSISTANCE AGREEMENT, PART 2

CSB, partner agency case manager, and tenant complete this part of the agreement at the lease/occupancy agreement signing.

LANDLORD _____

UNIT ADDRESS _____

MONTHLY RENT _____

INITIAL RENT _____ (if prorated or different than monthly rent)

CSB'S PORTION OF THE RENT

Amount _____

Paid monthly to _____

YOUR PORTION OF THE RENT

Amount _____

Paid monthly to _____

Utilities	Included in Rent	CSB's Responsibility	Your Responsibility
Gas			
Electric			
Water/Sewer			
Trash			

SIGNATURES

Community Shelter Board

Printed Name: _____

Signature and Date: _____

Case Manager

Printed Name: _____

Signature and Date: _____

Tenant

Printed Name: _____

Signature and Date: _____