



**City and County of Denver - Emergency Rental Assistance Program
Letter of Intent to Provide Rental Assistance**

[Date]

[Landlord/Property Owner Name]

[Landlord Address]

[Landlord Phone Number]

[Landlord Email]

To [Landlord/Property Owner]:

This letter is to confirm that [Tenant Name] has applied to the City and County of Denver Emergency Rental Assistance Program (ERAP) and is determined to be eligible to receive rental assistance funds. Rental assistance funds can be used to cover the following costs:

- Security Deposit
- Application Fees
- Current and Prospective Monthly Rent
- Other reasonable expenses related to housing as described in a rental agreement, rental ledger, or statement (e. pet fees, parking fees, amenity fees, etc.)

In order to receive rent assistance payments directly for this tenant or any other tenant, please complete an online application at www.Denvergov.org/RentAssistance or contact [Agency Contact Info].

Any ERAP payments from [Agency] will be made in accordance with the terms stated in the tenant(s) lease/rental agreement with a minimum duration of six months. This rental assistance will be paid by [Agency] for a minimum period of three months, with the opportunity to extend for three months at a time if (a) the tenant continues to need and remains eligible for ERAP and (b) funding remains available.

The security deposit can be returned directly to the tenant in accordance with the lease agreement after a minimum of four months of tenancy, otherwise it should be returned to [Agency]. If you have any questions about the Emergency Rental Assistance Program, or about this tenant's rental assistance benefits, please contact [Agency].

Thank you,

[Name, Address, Contact Info for Agency]