



## **Housing Partners of Larimer Cover Letter**

Applicant Name:		
Referring Agency:		All HPL
Case Manager Name:		applicants b
Household Size: Voucher Holder:	Voucher Type:	the benefits of Collective to
Personal Narrative:	(if applicable)	tenancy!
Outline of Payment Sources: (eg. V	oucher, nonprofit-assistance, personal income	e, etc.)
Monthly Rent Securi	ty Deposit Utilities	HPL Financial Benefits
reimbursements & <u>vale</u> i	ousing Partners of Larimer Collective offer access to dan & a sign on bonus. To learn more, contact Lexi Valenti at ntal@co.larimer.co.us for more information. hthly check-ins, financial planning, resource na	
Contact Information:		
Case Manager Phone #:	Case Manager Email:	
Applicant Phone #:	Applicant Email:	
Secondary Contact Name:	Secondary Contact Relation:	
Support Contact Phone #:	Secondary Contact Email:	

The information provided in this cover letter is not meant to be comprehensive. The property/landlord is still responsible for screening decisions. This cover letter offers context but does not guarantee mention of all information found in a background check. The outlined direct assistance and services may be subject to change upon communication from the case worker.