



Rental Understanding for Family Care Services

**Description of the property :**

Physical Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Property type: (ie apartment, condominium, house, mobile home, etc.) \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Is the below identified tenant in good standing with their rental agreement at this time? -Yes - No  
If no, please explain current agreement status: \_\_\_\_\_

**Statement of Understanding**

I \_\_\_\_\_ (Lessor), verify that I currently rent the property described above to \_\_\_\_\_ (Tenant) for the total amount of \$ \_\_\_\_\_. \_\_\_\_ per month. I am fully aware of their desire to become a family care provider and give my permission for them to support individuals at this location. I understand that the above named tenant is not an employee of Lutheran Family Services of VA and that the family care provider only acts as a licensed provider through their agency. I understand that there are no guarantees regarding when or if Lutheran Family Services would place an individual in this home and therefore Lutheran Family Services of Virginia in no way guarantees any form of income in the tenant's role as a family care provider. I fully understand that I cannot hold Lutheran Family Services of VA liable for damages to property, breaches of contracts between the above named tenant and myself, or any other financial duties of the above named Tenant.

\_\_\_\_\_  
Lessor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Care Provider (Tenant):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date