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| --- | --- |
| ***State of Delaware*** | |
| ***Division of Family Services*** |  |

Date:

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Foster Parent Applicant

Dear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our agency, A Better Chance for Our Children is conducting an assessment of the \_\_\_\_\_\_\_\_\_\_\_\_\_ family for the Division of Family Services. The approval process for renters requires a letter from their landlord stating their lease permits them to care for additional children in their home. Attached you will find the applicant’s signed information waiver. Please complete the form below. You can fax it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or mail it to me at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you in advance.

Sincerely,

Social Worker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently renting property at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The monthly rent for the property is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the rent paid on time? YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_

Who is listed on the lease? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The current lease permits him/her to care for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ children including his/her own.

Have there been issues of concern with this tenet? If so please explain below:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_