

**Social Service Department**



55 Fruit Street, WACC 037

Boston, Massachusetts 02114

[Date]

[Tenant’s (Client/Patient) Name and Address]

Dear [Landlord]:

Your tenant is requesting rental assistance from the Massachusetts General Hospital Social Service Department. Please consider this letter a formal request for verification of tenancy and provide your name, address, contact information, confirmation of tenancy and monthly rent on the form below. Additionally, in order to assist your tenant and write you a check for the rent, we need your Tax ID number or your Social Security number.If you prefer, you can provide this information directly to your tenant’s social worker using the business card attached. Please note that without this information we will not be able to provide financial assistance.

Thank you for your cooperation in this matter,

[Social Worker Signature]

[Social Worker Typed Name]

Massachusetts General Hospital

Social Service Department

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| Tenant’s (Client/Patient) Name | | | | | | | |  | | |
| Tenant’s (Client/Patient) Address | | | | | | | | |  | |
| Monthly Rent  **$** |  | | | | | | | | |
| Length of Tenancy | | |  | | | | | | | |
| Landlord’s Name | |  | | | | | | | | |
| Landlord’s Address | | | |  | | | | | | |
| Landlord’s Telephone | | | | | |  | | | | |
| Landlord’s Tax ID/SSN | | | | | | |  | | | |
| Landlord’s Signature | | | | |  | | | | | |