



United Way of King County

Reimbursement Check

Rental Assistance Document

As a reimbursement check is issued to United Way of King County by a vendor or individual, the person processing the reimbursement check must document the following information. This form gives United Way the authority to track the details and payment of the original check and ensure program compliance.

Landlord or Management Company Name: _____

Property Name (if applicable): _____

Reimbursement Amount: \$ _____

Please provide the following information for each tenant covered in this reimbursement:

- Tenant Information: _____

Tenant Name (First, Last)
Tenant Apartment Number or Address
- Tenant Information: _____

Tenant Name (First, Last)
Tenant Apartment Number or Address
- Tenant Information: _____

Tenant Name (First, Last)
Tenant Apartment Number or Address
- Tenant Information: _____

Tenant Name (First, Last)
Tenant Apartment Number or Address
- Tenant Information: _____

Tenant Name (First, Last)
Tenant Apartment Number or Address

Reason for Reimbursement: _____

Authorized Name (Printed): _____

Authorized Signature: _____

MAIL THIS FORM TO:
 United Way of King County
 Attn: Accounting
 720 2nd Avenue, First Floor
 Seattle, WA 98104-1702

or

VIA EMAIL TO:
 United Way of King County
 Attn: Rental Assistance Reimbursement
 renthelp@uwkc.org

Completed by UWKC Accounting

Original Check Number: _____

Dated: _____

Original Check Amount: _____