



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  
 rentalpayments@uwkc.org

*Completed by UWKC Accounting*

Original Check Number: \_\_\_\_\_

Dated: \_\_\_\_\_

Original Check Amount: \_\_\_\_\_