

## Acknowledgment of Move In Assistance Refund

| I,                                                                                                | , acknowledge the receipt of \$                                                                                                                                                                                                                                                                      | from the Golden                                                                                |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Rainbow - Direct Assis                                                                            | , acknowledge the receipt of \$stance Program to apply toward my move in costs at                                                                                                                                                                                                                    | :                                                                                              |
|                                                                                                   |                                                                                                                                                                                                                                                                                                      |                                                                                                |
| AGREE to the followi                                                                              | ing:                                                                                                                                                                                                                                                                                                 |                                                                                                |
| upon the end of my lea<br>any amount is deducto<br>and/or statement(s) of<br>Property Manager. Fa | rn the full refundable deposit of \$ given to ase agreement, within seven (7) days of receiving ed from the refundable deposit, I am required to f the damages and charges deducted from the depailure to return the full refundable deposit receiven Rainbow will affect any future Move In Assista | the refunded amount. If provide an invoice(s) posit by the Landlord or red, invoice(s), and/or |
| All checks, invoice(s),                                                                           | and/or statement(s) should be returned to:                                                                                                                                                                                                                                                           |                                                                                                |
|                                                                                                   | 714 E. Sahara Ave. Suite 101<br>Las Vegas, NV 89104                                                                                                                                                                                                                                                  |                                                                                                |
|                                                                                                   |                                                                                                                                                                                                                                                                                                      | Print Name                                                                                     |
|                                                                                                   |                                                                                                                                                                                                                                                                                                      | Client Signature                                                                               |
|                                                                                                   |                                                                                                                                                                                                                                                                                                      | Client URN #                                                                                   |
|                                                                                                   |                                                                                                                                                                                                                                                                                                      | Client Services Manager                                                                        |
|                                                                                                   |                                                                                                                                                                                                                                                                                                      | Date                                                                                           |