

(Owner)  
(Location/Address)

## Landlord Letter of Consent

(Insert owner), is/(are) the owner(s) of the property located at (insert facility name and address). The property is currently leased by (insert recipient/lessee). (Insert owner) currently has/will have a lease agreement with (insert recipient/lessee), for a period of \_\_\_\_\_ years that will expire on (insert date).

(Insert owner) is/(are) in full agreement of the proposed improvements to the aforementioned leased property as part of the Health Resources and Services Administration (HRSA) (insert name of funding opportunity) funding opportunity, and grant permission to (insert recipient/lessee) to undertake proposed improvements.

(Insert owner) also acknowledge that there will be a Federal interest in the property as a result of the proposed improvements even though filing the Notice of Federal Interest is not required for alteration/renovation projects with a total cost less than \$500,000.

Landlord/Corporation Signature: \_\_\_\_\_  
Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_