



Muskegon-Oceana Community Action Partnership, INC.
Landlord form

This form must be completed in its entirety by the Local Recipient Organization (LRO) providing service, as all information is required, for each rent/mortgage payment made. Failure to provide complete, required information will result in a compliance exception. Form must be filled out in ink.

Client Information: _____ Date (month/day/year): _____

Client name: _____

Client Address: _____

(Complete street address)

(City/state/zip)

Type of Assistance: Rent: (check one)

Mortgage: (check one)

<input type="checkbox"/>	Past Due
<input type="checkbox"/>	Current month's rent
<input type="checkbox"/>	Current month's rent (effective/move in date _____)

<input type="checkbox"/>	Past due mortgage
<input type="checkbox"/>	Current month's mortgage

The monthly rent/mortgage payment is \$ _____

The total owed (including the amount above) is \$ _____

The one month amount being paid by this agency \$ _____

The amount being paid for the month of (month/year) _____

The one month amount being paid is/was due on (month/day/year) _____

The one month amount being paid is past due in its entirety at time of payment (check one): Yes No

LRO Verification (To be completed by the LRO staff):

LRO Staff Name: _____

LRO Staff Signature: _____

Date (month/day/year): _____

Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):

This is to confirm that rent/mortgage for _____, for the property
(Name of individual or family)

At _____ with
(Complete address, street number and name, city, state, zip code)

A monthly rent amount of \$ _____ (rent only: excludes deposits, late fees, utilities, or other charges) or with a Mortgage with a monthly payment of \$ _____ (principal and interest only; no escrow payments or other fees) is/was due on _____. The total amount currently owed is \$ _____. The individual/
(Month/day/year)

Family now has rent/mortgage due/past due for the month(s) of _____
(Month/year)

Landlord/Mortgage holder Name: _____ Phone: _____
Address _____
(Street/city/state)
Landlord/Mortgage holder Signature: _____ Date: _____

IMPORTANT: Payment will guarantee residency for an additional 30 days