

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 completed in ink. Original form must be turned in at the time of appointment. **No Faxed forms will be accepted!** Assistance amount will not exceed \$700.

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) no utilities, late fees, deposits, or any 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: _____ EMAIL: _____

IMPORTANT: Payment will guarantee residency for an additional 30 days