SAMPLE RENT/MORTGAGE DOCUMENTATION

(Copy onto agency letterhead or insert LRO name and address here)

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 with Emergency Food and Shelter Program funds. Failure to provide complete, required information will result in a compliance exception.

Client Information:		Date (month/day/year):
Client Name:		
		nplete street address)
	(con	iplete street address)
		(city/state/zip)
	++	+++++++++++++++
Type of Assistance:	Rent (check one)	Mortgage (check one)
	☐ Past due rent	☐ Past due mortgage
	☐ Current month's rent ☐ First month's rent (effect	☐ Current month's mortgage ive/move in date) (month/day/year)
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		-
		e e
		\$
		ear)
		onth/day/year)
The one month amou	nt being paid is past due in its	entirety at time of payment (<i>check one</i>): □Yes □No
	be completed by the LRO stat	<u>f):</u>
Bate (monin/uuy/yeur)	/•	
Landlord/Mortgage I	Holder Verification (To be com	pleted by the landlord/mortgage holder):
This is to confirm tha	t rent/mortgage for	(name of individual or family) for the property
at		(name of inalviaual or family) with
nt	(complete address, street numbe	r and name, city, state, zip code)
a monthly rent amou	nt of \$ (rent only:	includes no deposits, late fees, or other charges) or with a mortgage and interest only; no escrow payments or other fees) is/was
vith a monthly paym lue on	ent of \$ (principal The total amou	and interest only; no escrow payments or other fees) is/was int currently owed is \$ The individual/
(41. / 1	Á	
amily now has rent/n	nortgage due/past due for the r	month(s) of (month/year)
ndlord/Mortgage Hol	lder Name:	Phone:
	older Signature:	(street/city/state)
muloru /Mortgage Ho	nuer Signature:	Date (mo/day/yr):

Important: Payment will guarantee residency for an additional 30 days!