

(Church Name)
(address)
(phone)

LANDLORD STATEMENT

Date: _____

Name of Tenant: (Mr./Mrs./Ms.) _____

Address: _____

Landlord Name (if Incorporated, Business Name) _____

Managers Name: _____ Phone: _____

Mailing Address _____ Fax #: _____

Last paid rent on _____ for the month/week of _____. The total amount paid at that time was \$_____.

The reason tenant gave for non-payment was _____
_____.

The tenant's rent is \$_____ per month / week.

The tenant is _____ days / weeks / months past due in paying rent.

The total amount due at this time is \$_____, which includes \$_____ in late fees.

How long has tenant been at this address? _____

How many people live at this address? _____ + adults _____ + children = _____ Total

Does the tenant receive Section 8 housing assistance? Yes _____ No _____

Is any other person or program responsible for payment? Who? _____

Do you believe the tenant is making every effort to make arrangements toward paying the monthly bill? _____.

If I do not receive payment for rent from this tenant by _____, I will take the first legal steps toward eviction.

I understand that providing this information does not guarantee payment of the rent by (church name) for this tenant.

Signature of Landlord/Manager

Date

Landlord Comments: _____

(church address, phone, fax)