



Catholic Social Services of West Alabama

RENT ASSISTANCE FORM

Your TENANT: _____

Location of Rental property: _____

This is the PRIMARY RESIDENCE for the above-named person: *(Circle one): Yes or No*

Your tenant is requesting assistance with their rent. There are two ways they can be considered:

- 1) They have money order or receipt from you showing all of rent paid except \$300; or
- 2) You can agree: for \$300 you will give them 30 days to get the balance due.

We need to know:

1. One Month's Rent: \$ _____
2. Total Amount Client Owes TODAY: \$ _____
3. BREAKDOWN of any money currently owed:

Month Owed	Rent \$	Late Fees	Deposit	Other	Date Payment was due	Total due for month:

4. We need a copy of the signed lease. Information can be emailed to csswaintern@gmail.com.

5. **We cannot write checks to individuals.** All checks must be written to a company. If approved at committee, we will need to know the following:

Name of Company/Corporation: _____

Contact Person's Name: _____ Phone Number: _____

Company Address (to mail the check to): _____

6. PLEASE CHECK ONE BOX:

YES, I will accept \$300 and allow tenant 30 days before beginning eviction process.

NO, I will NOT work with the tenant, all money due must be paid to avoid eviction.

Signature of Landlord or Landlord Representative

Date Signed

**Acceptance of payment guarantees 30 days before eviction can begin.