



RENT/MORTGAGE DOCUMENTATION

P.O. Box 1222 • Jonesboro, GA 30237 • 770-477-2385 Fax • 770-477-2365

Complete and return form to: houseofdawn1@bellsouth.net

Client Information:

Date (month/day/year): _____

Client Name: _____

Client Address: _____
(complete street address)

_____ *(city/state/zip)*

Phone Number: _____ Email Address: _____

Type of Assistance:

One month of assistance is available for mortgage principal and interest or rent payment. Requests can be made up to 10 calendar days before the due date. A request for first month's rent payment can be made up to 30 days prior to move-in date. There is no assistance provided for deposits, escrow fees, late fees, or the first month's **mortgage** payment.

Rent *(check one)*

- Past due rent
- Current month's rent
- First month's rent (effective/move in date _____) (month/day/year)

Mortgage *(check one)*

- Past due mortgage
- Current month's mortgage

The monthly rent or mortgage payment is \$ _____

The one-month amount that is requested is \$ _____

The amount being paid is for (**month and year**) _____

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

This section 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.

This is to confirm that rent or mortgage for _____ for the property located at _____
(name of renter or mortgage holder)

_____ with a monthly rent
(complete address, street number and name, city, state, zip code)

amount of \$ _____ *(rent only. Do not include deposits, late fees, or other charges)* or mortgage amount of \$ _____ *(principal*

& interest only) is/was due on _____. **A full payment of the stated amount that is received by _____ (date) will guarantee residency for an additional 30 days.**

Landlord/Mortgage Holder Name: _____ Phone: _____

Address: _____
(street/city/state)

Landlord /Mortgage Holder Signature: _____ Date: _____

House of Dawn Verification (To be completed by an authorized staff member):

HOD Staff Name: _____

HOD Staff Signature: _____

Date (month/day/year): _____