



RENT/MORTGAGE DOCUMENTATION

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

Complete and return form to: bmurray@houseofdawn.org

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): _____



RENT/MORTGAGE DOCUMENTATION (2)

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Client Name: _____

Last 4 of social: _____

Phone #: _____

Email Address: _____

Address: _____

Number of children: _____

Number of members in home: _____

Name of each person in home: _____

Utilities in home: _____

Race: _____



Lead Based Paint Disclosure

Disclosure of Information of Lead-Based Paint and Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

Owner's Disclosure

(a) Presence of lead-based paint hazards (please check one box below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (Please explain).

Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to owner (please check one box below):

Owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (please list documents provided below).

Owner has no reports or records pertaining to lead-paint and/or lead-based paint hazards in the housing

Tenant's Acknowledgement

(c) Tenant has received copies of all information above.

(d) Tenant has received the pamphlet Protect your Family from Lead in your Home from the Housing Agency

Housing Agency's Acknowledgement

(e) Housing Agency has informed the tenant of the owner's obligations under 42U.S.C.4852(d) and is aware of agency's responsibility to ensure compliance

Certification of Accuracy

The following parties have reviewed the information above and certify the best of their knowledge, that the information provided by those signing this document is true and accurate.

Signatures:

Housing Agency Representative, Tenant, Owner

Signature-Agency _____

Print _____

Date _____

Print or Type Name of HA Print or Type Name of Tenant Print or Type Name of Owner

Signature-Tenant _____

Print _____

Date _____

Print or Type Name and Title of Signatory Print or Type Name and Title of Signatory Print or Type Name and Title of Signatory

Signature-Owner _____

Print _____

Date _____



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Rental Assistance Checklist

In order to receive payment, all items from the check list must be submitted and application filled out in its entirety. CHECKS WILL ONLY BE AVAILABLE ONCE A MONTH, STARTING ON THE 29TH OF EACH MONTH.

How to Submit Documentation:

Email all documents to Bria Murray at bmurray@houseofdawn.org. Items emailed will be processed faster. Drop off at 182 D S. Main St. Jonesboro, GA 30236. Items can be left in the agencies drop off box.

___ Rental Assistance Application

___ Completed W9 Form to be filled out by the Apartment Complex or Landlord

___ Income Verification Documentation (choose one bullet)

- Check stub (Last 4)
- Employment letter from your employer
- Department of Labor unemployment verification

___ Proof of Covid Verification

~Proof of unemployment

~Department of labor approval

~Letter from employer (stating affected by Covid)

___ Proof of residency in Clayton County (choose one bullet)

- Two utility bills
- Copy of lease
- Mortgage statement

___ I.D.

___ Lead Based Paint Disclosure

Agency Use Only

Approval _____

Title _____

Date _____