

LANDLORD STATEMENT OF CURRENT OR PAST DUE RENT

Regarding: _____
Insert Name of Client Requesting Assistance

1. The above named individual rents property from me at the following address:

Street Address (Please Print)

City

County

ZIP

2. The above named individual has occupied this address since date:

_____ (Please Print).

3. The rent is due on the _____ of each month. The amount of one month's rent is: \$ _____ which does not include deposits, late or any other fees.

4. The total amount due is _____ (not including deposits, late or any other fees) and it represents rent for a period of _____ months.

In signing I, _____ agree to accept KARE funds as payment
Printed Name of Landlord

for this rent and further agree this payment will guarantee residency for thirty (30) days.

LANDLORD SIGNATURE

DATE

ADDRESS

TELEPHONE NUMBER

Verified and Commitment of Funds by: _____ Date: _____
KARE Counselor