



LANDLORD STATEMENT OF CURRENT OR PAST DUE RENT

Regarding: \_\_\_\_\_ (Insert Client Name)

1. The above named individual rents property from: \_\_\_\_\_ (Please Print) at the following address:

\_\_\_\_\_  
Street Address (Please Print)

\_\_\_\_\_  
City County ZIP

2. Monthly Rental without any fees: \$\_\_\_\_\_. Occupancy Date: \_\_\_\_\_

3. Please provide an itemized breakdown of rent due for each month without fees:

Current Month's Rent due: \$\_\_\_\_\_ (State Month) \_\_\_\_\_ Date Due: \_\_\_\_\_

Past Due Month's Rent: \$\_\_\_\_\_ (State Month) \_\_\_\_\_ Date Due: \_\_\_\_\_

Past Due Month's Rent: \$\_\_\_\_\_ (State Month) \_\_\_\_\_ Date Due: \_\_\_\_\_

4. Describe late fees assessed for each month of past due rent:

Amount \$\_\_\_\_\_ for the month of \_\_\_\_\_.

Amount \$\_\_\_\_\_ for the month of \_\_\_\_\_.

5. Describe any other fees charged and the month(s) for which they were assessed:

Amount \$\_\_\_\_\_ Type of Fee \_\_\_\_\_ Month \_\_\_\_\_

Amount \$\_\_\_\_\_ Type of Fee \_\_\_\_\_ Month \_\_\_\_\_

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In signing I, \_\_\_\_\_ agree to accept KARE funds as payment for  
Printed Name of Landlord  
Rent due 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



RENTAL ASSISTANCE LANDLORD STATEMENT

Date: \_\_\_\_\_

1. In effort to maintain financial stability \_\_\_\_\_ has requested  
Client Name  
financial assistance from the Kershaw Area Resource Exchange (KARE) to offset their current crisis that has had an adverse impact on their monthly budget.
2. It is KARES' policy to help those in need who are facing a short term crisis providing they have appropriate documentation. Therefore, we are requesting that you the landlord complete the attached statement and if needed an IRS Form W-9 for our records. These forms may be faxed to KARE at 803-475-1282 or provided to our client for submission.
3. Should you have any questions regarding this request please contact KARE at 803-475-4173.
4. Thank you for your assistance in this matter. It is greatly appreciated.

Sincerely,

Counselor  
KARE Client Services

Attachment:

- (1) Landlord Statement
- (2) IRS Form W-9 (if needed)