

CURRENT / PAST DUE RENT INVOICE

This letter confirms	has a rental agreement at			
(Client's Name	e)	-	(Address)	
The monthly rent amount is	due on	(Date)		
The amount of rent due at this time is \$(An	nount Due)	and arrears balance is now	<u> </u>	

PLEASE COMPLETE CHART: This "Amount Due" does not include deposits, late or legal fees.

Monthly	Number of Bedrooms	Arrears Month and Year	Arrears Month and Year	PAST DUE TOTAL
Rental Amount		Beginning	Ending	
Due ¢		Deginning	2	¢
φ				\$
		Advance Month and Year	Advance Month and Year	ADVANCE RENTAL
		Beginning	Ending	PAYMENT (3 mo. max)
				\$

Past Due Total (12 months max) + Advance Rent (3 month max) = Amount Due

* By signing this document, I agree to forgive all late fees, penalties, interest, portions of rent that exceed Fair Market Rent as defined in the LEAP Policies and Procedures and any charges for court costs; I agree not to evict the tenant for either of the following reasons; a) past-due rent prior to April 2020; b) for 90 days after assistance ends unless eviction is related to cause other than non-payment of rent. I agree to the terms of assistance and to submit any and all required documentation.

o A W-9 Form must be submitted with this letter. •

aldve

Signature of Property Owner Property	Property Owner's Name (Print Clearly)	Date
Owner Phone/Cell Number	Property Owner's Email Address	
Make Check Payable to:		
Remit Address:		
**************************************	FFICE USE ONLY****************	****
Staff Signature:		
Date Verified:		
(337) 234-3272 TDD 711 www.smilecaa.org Fax (337) 234-3274		(337) 235-4972 EXT. 1116 www.catholiccharitiesacadiana.org
Equal Opportunity Employer/Program Auxiliary A	Aids and Services are available upon request to individua	als with disabilities
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