Crisis Care Program
Rent/Mortgage Verification Form

Date (mm/dd/yyyy): _____

Client Information:

Client Name:_____

Client Address:_____

Type of Assistance:

Rent (check one)

☐ Past due rent
☐ Current month's rent
☐ First month's rent (effective/move in date _____) (m/d/y)

Mortgage (check one):

☐ Past due mortgage
☐ Current month's mortgage

The monthly rent/mortgage payment is $_____

The total owed (including the amount above) is $_____

The one month amount being paid by this agency is $_____

The amount being paid is for the month of (*month/year*) _____

The one month amount being paid is/was due on (*m/d/y*) _____

The one month amount being paid is past due in its entirety at time of payment:

☐ Yes   ☐ No

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

This is to confirm that the rent/mortgage for (clients names)_____ the property (full address) _____ with a monthly rent amount of $_____ (rent only: *includes no deposits, late fees, or other charges*) or with a mortgage with a payment of $_____ (principal and interest only*; no escrow payments or other fees)* is/was due on _____ (m/d/y). The total amount currently owed is $_____. The individual/family now has rent/mortgage due/past due for the month(s) of _____ (m/y).

Landlord/Mortgage Holder Name: _____

Phone: _____

Address: _____

_____
Landlord/Mortgage Holder Signature   Date

Important: Payment will guarantee residency for an additional 30 days! MUST HAVE ORIGINAL COPY!

Step By Step Representative:

Staff Name:_____

Staff Signature:_____ Date:_____