



## PAST DUE RENT or MORTGAGE AFFIDAVIT

(This form is needed if you are seeking rental assistance along with your application.)

**FAX TO: 260-333-0865 (New Number)**

### TO BE FILLED OUT BY THE LANDLORD or MORTGAGE LENDER

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

Individual Responsible for Rent Payment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ ☐ Years ☐ Months

Total monthly/weekly amount due: \$ \_\_\_\_\_ Payment due on \_\_\_\_\_ day of month/week

Total amount past due: \$ \_\_\_\_\_ Covering from \_\_\_\_\_ to \_\_\_\_\_

Has "past due" been a common problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

Make checks payable to: (Checks can NOT be made out to an Individual)

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information we may need to be aware of: \_\_\_\_\_

\_\_\_\_\_

I agree that if the client cannot bring their past due current, any checks received from our agency will be returned, and eviction proceedings can proceed for your tenant's entire past due amount.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Shelter Ministries Staff: \_\_\_\_\_ Date: \_\_\_\_\_