

**LATE RENT NOTICE**  
**(ALL INFORMATION ON THIS FORM MUST BE COMPLETED BY THE LANDLORD)**

\_\_\_\_\_  
(Date)

**Names of All Persons Living In Home  
Or Listed On The Lease:**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
MHP/Complex Name

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City/State/ZIP

The above named client is behind on their rent for the month(s)/week(s) of \_\_\_\_\_. Their monthly/weekly rent (please indicate) is \$\_\_\_\_\_ and presently the tenant owes a past due amount of \$\_\_\_\_\_.

To avoid eviction proceedings, please pay \$\_\_\_\_\_ by \_\_\_\_\_  
(Date)

Payment of this amount will allow this client to remain at the above address until \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Landlord Name/Realty Company Name

\_\_\_\_\_  
Landlord SS# or Tax ID#

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Property Manager's Name (if different from LL)

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone Number

\*CAM is required to supply the Internal Revenue Service with the name of unincorporated landlords who receive payments in excess of \$600 per year from CAM. Individual Social Security Numbers or Business Tax ID Numbers MUST be supplied so that we can comply with this requirement. CAM will provide a Form 1099 at the end of the year to affected landlords. CAM must be able to verify that the person/company to whom we are making our check payable is the property owner. No funds will be released until all verifications are completed. Once everything is completed, it takes 7-10 days to process a payment

**I GIVE PERMISSION FOR MY LANDLORD TO DISCUSS MY SITUATION, INCLUDING INCOME INFORMATION & HOUSEHOLD COMPOSITION AS WELL AS ANY OTHER INFORMATION NEEDED TO PROCESS MY ASSISTANCE APPLICATION WITH CRISIS ASSISTANCE MINISTRY.**

\_\_\_\_\_  
**CLIENT SIGNATURE**