

# ALL SAINTS CENTER OF CONCERN RENTAL ASSISTANCE FORM

To : All Saints Interfaith Center of Concern

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

1513 Noble Street

Anniston, AL 36201

**256-236-7793-Office**

**256-238-7776-Fax**

From: \_\_\_\_\_ (Landlord/Owner of Property)

Re: \_\_\_\_\_ (Tenant/Lessee)

Address of Property: \_\_\_\_\_

The individual shown has past due rent and other considerations as follows:

Due for the current month \$ \_\_\_\_\_

Due for past months as follows:

Month \_\_\_\_\_ \$ \_\_\_\_\_

Month \_\_\_\_\_ \$ \_\_\_\_\_

Other considerations \$ \_\_\_\_\_

Comments/Explanations \_\_\_\_\_

Is eviction imminent if the tenant in question does not pay by (date) \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Will you waive the late fees if our charity agency gives assistance to your client? Yes \_\_\_ No \_\_\_

If you accept funds from All Saints Interfaith Center of Concern, will you extend the tenant's residency with you for 30 days from this date (while you work with the client to collect any unpaid rental charges)? Yes \_\_\_ No \_\_\_

Property Owner \_\_\_\_\_

Make Checks Payable To \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_

Property Owner Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_