

GREER RELIEF

EVERY NEIGHBOR MATTERS

★ This form is to be completed by the Landlord. ★

This is to confirm that rent for _____ for the property at _____
Name of Tenant

_____ with a
Street, City & Zip as stated on lease

monthly rent amount of \$ _____ is/was due on _____.
Rent Only; includes no deposit, late fee, or other charges *Month/Day/Year*

As of _____ the rent is past due \$ _____ with additional late charges of \$ _____.
Today's Date *Rent Amount Only* *Late Fee Amount Only*

The **TOTAL** amount currently owed is \$ _____. The Individual/family now has rent due/past due for the month(s) of _____. If a payment or arrangement is not made by _____, further action will be taken. Circle one: I will / will not accept a partial payment towards the _____
Month/Day/Year

total amount owed. The partial payment can be no less than \$ _____.

Residents of the apartment/home are: _____

Please note: All information must be completed for a Client to be eligible for assistance. By signing this Landlord Letter, you the Landlord agree to receive payment made by Greer Relief for the total amount or the partial amount by the due date or 14 days after arrangement with Greer Relief has been made; this will guarantee Client's residency for an additional 30 days. All information provided is true and accurate to the best of my knowledge.

PLEASE PRINT

(All information should match the information on your W-9)

Rental Company & Apartment Complex: _____

Landlord/ Property Manager's Name: _____

Mailing Address: _____

Contact Email: _____ Contact Phone: _____

Landlord/PM's Signature: _____ Date: _____

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