

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*

The Individual/family now has rent due/past due for the month(s) of _____.
Month(s)/Year

If a payment or arrangement is not made by _____, eviction will be filed.
Month/Day/Year

Breakdown of charges are/will be:

Total Rent Amount Only: \$ _____	Court Fee: \$ _____ Date Added: _____	Late Fee: \$ _____ Date Added: _____
Utilities (if applicable): \$ _____	Other Fees: \$ _____	<input type="checkbox"/> One Time <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____

Circle one: I will / will not accept a partial payment towards the total amount owed to stop the eviction process. If applicable, the partial payment can be no less than \$ _____.

Residents of the apartment/home are: _____

Please note: All information must be completed for a Tenant 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 Tenant'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: _____