



Commonwealth Catholic Charities

1601 Rolling Hills Drive  
Richmond, Virginia 23229  
804.285.5900  
www.cccofva.org

### Rental Documentation

LRO: Commonwealth Catholic Charities | HELP Program

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

<b>Client Information</b>	Name: _____
	Address: _____
	_____

<b>Landlord Verification</b>  To be completed by landlord	This is to confirm that rent for _____ <i>(name of individual/family)</i>
	for the property at _____ <i>(complete address   street number and name, city, state, zip)</i>
	with a monthly rent amount of \$ _____ <i>(rent only: includes no deposits, late fees, or other charges)</i>
	is/was due on _____ . The total amount currently owed is \$ _____ . <i>(mm/dd/yy)</i>
	The individual/family now has rent due/past due for the month(s) of _____ . <i>(mm/yy)</i>
	<b>Landlord Name:</b> _____ <b>Phone:</b> _____
	<b>Address:</b> _____
	<b>Landlord Signature:</b> _____ <b>Date: (mm/dd/yy)</b> _____
	<b>IMPORTANT: PAYMENT WILL GUARANTEE RESIDENCY FOR AN ADDITIONAL 30 DAYS</b>

<b>Payment Mailing Address</b>	Payable To: _____
	_____
	_____

**DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY LRO STAFF ONLY**

#### Type of Assistance

- Past due rent
- Current month's rent
- First month's rent | (Effective move-in date: \_\_\_\_\_) *(mm/dd/yy)*

The monthly rent payment is \$ \_\_\_\_\_

The total owed (including the amount above) is \$ \_\_\_\_\_

The one month amount being paid by this agency is \$ \_\_\_\_\_

The amount being paid is for the month of *(mm/yy)* \_\_\_\_\_

The one month amount being paid is/was due on *(mm/dd/yy)* \_\_\_\_\_

The one month amount being paid is past due in its entirety at the time of payment:  Yes  No

#### LRO Verification (To be completed by the LRO staff only)

LRO Staff Name: \_\_\_\_\_

LRO Staff Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_