RENT/MORTGAGE DOCUMENTATION
Catholic Charities of SWLA
1225 2nd st Lake Charles LA 70601

This form must be completed in its entirety by the Local Recipient Organization (LRO) providing service, as all information is required, for each rent/mortgage payment made with Emergency Food and Shelter Program funds. Failure to provide complete, required information will result in a compliance exception.

Client Information: **Date (month/day/year):**_____

Client Name: _____

Client Address: _____
(complete street address)

_____
(city/state/zip)

Type of Assistance: **Rent (*check one*)** **Mortgage (*check one*)**

☐ **Past due rent** ☐ **Past due mortgage** ____**Rental Deposit**
☐ **Current month's rent** ☐ **Current month's mortgage**
☐ **First month's rent (effective/move in date**_____**) (month/day/year)**

The monthly rent/mortgage 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 (*month/year*)_____

The one month amount being paid is/was due on (*month/day/year*)_____

The one month amount being paid is past due in its entirety at time of payment (*check one*): ☐ **Yes** ☐ **No**

EFSP guidelines allow for the payment of mortgage principal & interest only. Current rent/mortgage payments may be made up to 10 calendar days before due date. First month's rent may be paid 30 days prior to move-in. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. First month's mortgages are not allowed. CDBG cannot pay mortgages.

LRO Verification (To be completed by the LRO staff):

LRO Staff Name:_____

LRO Staff Signature:_____

Date (*month/day/year*):_____

Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):

This is to confirm that rent/mortgage for _____ **for the property**
(name of individual or family)

at _____**with**
(complete address, street number and name, city, state, zip code)

a monthly rent amount of $_____ **(*rent only: includes no deposits, late fees, or other charges*) or with a mortgage with a monthly payment of $**_____ **(*principal and interest only; no escrow payments or other fees*) is/was due on** _____**. The total amount currently owed is $**_____**. The individual/**
(month/day/year)
family now has rent/mortgage due/past due for the month(s) of _____**.**
(month/year)

Checks should be made payable to:

Landlord/Mortgage Holder Name:_____ **Phone:**_____

Address:_____
(street/city/state)

Landlord /Mortgage Holder Signature:_____ **Date (mo/day/yr):**_____

Important: Payment will guarantee residency for an additional 30 days!