

HDDVP
Emergency Services Program
760-475-7074

LATE RENT

Homeless Prevention

Date: _____

This letter confirms that _____ is renting
property from me at _____
_____.

Monthly rent is \$_____ Late rent owed is \$_____

For the following months: _____

If any late fees incurred please list: _____

Rent is due on the _____ of each month.

I agree to accept payments from HDDVP Emergency Assistance Program.

Landlord Signature

Landlord Address & Phone

Landlord Name or Company Name (Please print legibly)

Case Manager

ACTION AUTHORIZED

Rental and/or deposit amount authorized: \$_____

Date to be paid: _____

Check No: _____ Check Date: _____