

PAST DUE RENT VERIFICATION FORM

Date: _____

To: _____
(Tenant's Name)

(Rental Property Address)

(City, State, Zip Code)

This letter is to inform you that the monthly rent for the property above is:
\$ _____ and it was due on the: _____ day of the month.

If rent is not paid by: _____ a three (3) day notice will
(Date)

be issued and if not complied with, eviction proceedings will begin.

(Landlord or Apartment Complex Name)

(Address)

(City, State, Zip Code)

(Phone Number)

(Fax Number)

(Signature of Landlord or Property Manager Staff)

Verified by: _____ Date: _____
(Caseworker Name)