## **HUMANITARIAN ENTERPRISES OF LINCOLN PARISH**

## P.O. BOX 1570

## **RUSTON, LA 71273**

Date:	
This letter confirms that	(Name of renter),
has arranged rent a property from me at	(address of
apt/house) effective	(day/month/year). The amount of one month's
rent is \$, which does NOT is	nclude the deposit or other fees and is due now.
Homeless Program, for the <u>first month re</u> residency for an additional 30 days for the	P. Agency funds, through the CSBG Prevention of ent. Acceptance of this payment will guarantee above referenced renter, from the above reference – if this is the first time working with our agency.
Landlord's Name (Please Print)	Landlord's Signature
Landlord's Mailing address	
Landlord's Telephone #	
Landlord's Tax ID #	

(TO BE COMPLETED AND SIGNED BY THE LANDLORD)

"Equal Opportunity Employer/Program "Auxiliary Aids and Services are available upon request to individuals with disabilities"