

HUMANITARIAN ENTERPRISES OF LINCOLN PARISH

P.O. BOX 1570

RUSTON, LA 71273

Date: _____

This letter confirms that _____ (Name of renter),
who resides at _____ is behind in his/her rent
which is due on the _____ day of each month. The rate of rent is \$ _____ per month.
The Renter is behind in his/her rent for the month/months of _____. The total amount
due is _____ and does **NOT** include late fees or other fees.

By signing below, I agree to accept H.E.L.P. Agency funds, through the CSBG Prevention of Homeless Program, for the **past due rent**. I also agree to waive late fees, starting with the date listed above. Acceptance of this payment will guarantee residency for an additional 30 days for the above referenced renter. ***Please attach a W9 – if this is the first time working with our agency.**

Sincerely,

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”