

## **Voluntary Action Center**

## The Heart of a Caring Community

343 South Wall St., Calhoun, GA 30701 • PH: 706-629-7283 • FAX: 706-629-9605

## MONTHLY RENT/MORTGAGE ASSISTANCE DOCUMENTATION

Client Information:	Date (month/day/year):	
Client Name:		
Client Street Address:		
Type of Assistance (To be completed by VAC staff):	Rent (check one)	Mortgage (check one)
	<ul><li>□ Past due rent</li><li>□ Current month's rent</li></ul>	<ul><li>□ Past due mortgage</li><li>□ Current month's mortgage</li></ul>
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 for the month of (month/y	year)	
The one month amount being paid is/was due on (	(month/day/year)	
The one month amount being paid is past due in i	its entirety at time of payment (check or	ne): □ Yes □ No
RO Verification (To be completed by the VAC staff):		
LRO Staff Name:	Date (month/date/year	r):
LRO Staff Signature:		-
andlord/Mortgage Holder Verification (To be completed	by the landlord/mortgage holder):	
This is to confirm that rent/mortgage for	(name of individual or family)	for the property
at		with
(complete address, str	reet number and name, city, state, zip code)	
a monthly rent amount of \$		
mortgage with a monthly payment of \$		
is/was due on (month/day/year)	The total amount currently owed is \$	The individual/
family now has rent/mortgage due/past due for the	ne month(s) of	•
MPORTANT: COMPLETION OF THIS PAYMENT FROM THE VAC. YOU ALSO EVICTION NOTICE FOR 30 DAYS!	S FORM CONSTITUTES YO	OUR ACCEPTANCE OF
Landlord/Mortgage Holder Name:	P	hone:
Address:		
Landlard/Martgaga Haldar Signatura	ת	nato (mo/dov/vr)•