



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*)

Past due rent

Past due mortgage

Current month's rent

Current month's mortgage

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/year) _____

The one month amount being paid is/was due on (month/day/year) _____

The one month amount being paid is past due in its entirety at time of payment (check one): Yes No

LRO Verification (To be completed by the VAC staff):

LRO Staff Name: _____

Date (month/date/year): _____

LRO Staff Signature: _____

Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):

This is to confirm that rent/mortgage for _____ for the property
(name of individual or family)

at _____ with
(complete address, street number and name, city, state, zip code)

a monthly rent amount of \$ _____ (rent only: includes no deposits, late fees, or other charges) or with a mortgage with a monthly payment of \$ _____ (principal and interest only; no escrow payments or other fees)

is/was due on _____ . The total amount currently owed is \$ _____ . The individual/
(month/day/year)

family now has rent/mortgage due/past due for the month(s) of _____ .
(month/year)

IMPORTANT: COMPLETION OF THIS FORM CONSTITUTES YOUR ACCEPTANCE OF PAYMENT FROM THE VAC. YOU ALSO AGREE TO GUARANTEE NOT TO FILE AN EVICTION NOTICE FOR 30 DAYS!

Landlord/Mortgage Holder Name: _____ Phone: _____
Address: _____
Landlord/Mortgage Holder Signature: _____ Date (mo/day/yr): _____

Please return completed form to the Voluntary Action Center via Email: info@voluntaryactioncenter.org or fax 706-629-9605.