



Tenant/Landlord Information

Date(month/day/year): _____

Tenant/Client Name: _____

Tenant/Client Address: _____
(complete street address)

(city/state/zip)

To be completed by Hope Conference

Type of Assistance: Rent (*check one*) Mortgage (*check one*)
 Past due rent Past due mortgage
 Current month's rent Current month's mortgage
 First month's rent (effective/move in date _____) (month/day/year)

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 is 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

EFSP guidelines allow for the payment of mortgage principal and interest only. Current rent/mortgage payments may be made up to 10 calendar days before the due date. First month's rent may be paid up to 30 days prior to move-in date. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. First month's mortgages are not allowed.

To be completed by Landlord

This is to confirm that rent/mortgage for _____ for the property
(name of individual or family)
at _____ with a monthly
(complete address, street number and name, city, state, zip code)

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 _____.
(month/day/year)

The total amount currently owed is \$ _____. The individual/family now has rent/mortgage due/past due for the month(s)
of _____.
(month/year)

Landlord/Mortgage Holder Name: _____ Phone: _____

Address: _____
(street/city/state)

Landlord/Mortgage Holder Signature: _____ Date(month/day/year): _____

Important: Payment will guarantee residency for an additional 30 days!

Hope Conference

SVdP- HOPE Name: _____

SVdP- HOPE Signature: _____ Date(month/day/year): _____

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"A network of friends, inspired by Gospel values, growing in holiness and building a more just world through personal relationships with and service to people in need."