

**RENT DOCUMENTATION**  
**COMMUNITY HELPERS OF RUTHERFORD COUNTY, INC**  
**1809 Memorial Blvd.**

**Murfreesboro, Tennessee 37129 (615) 898-0617**

chorcreceptionist@chorctn.org/chorcdirect@chorctn.org/chorccaseworker@chorctn.org

Date (month/day/year): \_\_\_\_\_

Client Information:

Client/Tenant Name: \_\_\_\_\_

Client/Tenant Address: \_\_\_\_\_

*(complete street address--city/state/zip)*

**Landlord Verification (To be completed by the landlord/property owner)**

**Type of Assistance: Rent (Please check one)**

- Past due rent
- Current month's rent
- First month's rent (effective/move in date)

The monthly/weekly rent payment is \$ \_\_\_\_\_

The total owed (including the amount above) is \$ \_\_\_\_\_

The one month/week amount being paid by this agency is \$ \_\_\_\_\_

The amount being paid is for the month/week of (month/year) \_\_\_\_\_

The one month/week amount being paid is/was due on (month/day/year) \_\_\_\_\_

The one month/week amount being paid is past due in its entirety at time of payment (check one)

This is to confirm that rent for \_\_\_\_\_ for the property  
*(name of individual or family)*

at \_\_\_\_\_ with  
*(complete address, street number and name, city, state, zip code)*

a monthly/weekly rent amount of \$ \_\_\_\_\_ (rent only: includes no deposits, late fees, or other charges)  
is/was due on \_\_\_\_\_. The total amount currently owed is \$ \_\_\_\_\_.  
*(month/day/year)*

The individual/family now has rent due/past due for the month/week(s) of \_\_\_\_\_.  
*(Month/year)*

Payment Issued to: \_\_\_\_\_

Landlord/Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*(street, city, state; zip code)*

Landlord/Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(month/day/year)*

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

**EFSP guidelines allow current rent 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, late fees, etc. are eligible when providing assistance to individual/households.**

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

LRO Staff Name: \_\_\_\_\_

LRO Staff Signature: \_\_\_\_\_

Date (month/day/year) \_\_\_\_\_