

**Emergency Food & Shelter Program Rent/Mortgage Documentation**  
**Housing Services Mid Michigan**  
**319 S. Cochran Ave, Charlotte, MI 48813**  
**517-541-1180, Fax 517-541-0269, www.hsmidmichigan.org**

This form must be completed in its entirety by the Local Recipient Organization (LRO) providing service, as all information is required, for each rent/mortgage payment made with Emergency Food and Shelter Program funds. Failure to provide complete, required information will result in a compliance exception.

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_  
 (complete street address)

\_\_\_\_\_ (city/state/zip code)

\*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 \_\_\_\_\_)

\*The monthly rent/mortgage payment is \$ \_\_\_\_\_

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

\*The one month amount being paid by my 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) \_\_\_\_\_

\*Check which utilities are included IN monthly rent  Heat  Electricity  Water/Sewer  Cooking Fuel

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

\*\*\*\*\*  
\*Staff Verification  
 Staff Name: \_\_\_\_\_

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

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

\*\*\*\*\*  
\*Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):  
 This is to confirm that rent/mortgage for \_\_\_\_\_ for the property at  
 (name of individual or family)

\_\_\_\_\_ with a monthly rent amount of  
 (complete address, street number and name, city, state, zip code)

\$ \_\_\_\_\_ (rent only; includes no deposits, late fees, or other charges) or with a mortgage with a monthly payment of

\$ \_\_\_\_\_ (principle 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: \_\_\_\_\_ Fax: \_\_\_\_\_  
 (street/city/state)  
 Federal Tax ID #: \_\_\_\_\_ or Social Security#: \_\_\_\_\_  
 Landlord /Mortgage Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*Moving into Housing PRIOR to HSMM verification invalidates the need for assistance and no payment will be made!!!**