

Gloria Brown Burnett
Director

Department of Human Services
Prince George's County Department of Social Services

Client Information:



Name: _____

Date: _____



Address: _____
(Complete Street Address)

(City/State/Zip code)

Type of Assistance:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Rent <i>(check one)</i> | <input type="checkbox"/> Mortgage <i>(check one)</i> | <input type="checkbox"/> Other <i>(check one)</i> |
| <input type="checkbox"/> Past due rent | <input type="checkbox"/> Past due mortgage | <input type="checkbox"/> Security deposit |
| <input type="checkbox"/> Current month's rent | <input type="checkbox"/> Current month's mortgage | <input type="checkbox"/> _____ |
| <input type="checkbox"/> First month's rent | | |
- effective/move in date: _____

The monthly rent/mortgage payment is \$ _____ The security deposit payment is \$ _____

The total owed including the amount(s) showed above is \$ _____ The one month amount being paid by the agency is \$ _____

The amount being paid is for the month of *(month/year)* _____ The amount being paid is/was due on *(month /day /year)* _____

The amount being paid is past due in its entirety at time of payment *(circle one)* YES NO

LRO Verification (to be completed by LRO staff):

Name: _____

Signature: _____

Date: _____

Date: _____

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

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

_____ *(complete address, apartment number, city, state, zip code)* with a monthly rent amount

of \$ _____ *(rent only. Exclude deposits, fees, or other charges)* OR a monthly mortgage amount 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 a rent/mortgage due/past due for the month of _____ *(month/year)*.

Federal Tax ID Number of property OR Social Security Number of private landlord: _____

Check made payable to: _____

Phone Number: _____

Full Address: _____

Signature: _____ Date *(month/day/year)*: _____

*Must guarantee a 30 day stay



Larry Hogan, Governor Boyd K. Rutherford, Lieutenant Governor Lourdes R. Padilla, Secretary
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