



*Society of St Vincent de Paul*  
*Holy Redeemer Conference*  
**Rental Assistance Form**

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

Dear Landlord or Representative of Landlord,

Has / have applied to the Outreach Ministry at Holy Redeemer for rental assistance. Please complete this form with all requested information so that we may evaluate their request. Also please add any additional information on the back of this form that you feel is pertinent to this case, Thank you for your help with this matter.

Address of rental unit \_\_\_\_\_

Owner / Landlord's name \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ How long has tenant lived there \_\_\_\_\_

Tenant's payment history \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Current Amount Due \$ \_\_\_\_\_ Date Due \_\_\_\_\_

Minimum amount needed to solve the current problem \$ \_\_\_\_\_

Landlord / Representative's phone # \_\_\_\_\_

Best time to call and discuss \_\_\_\_\_

If assistance is given, the check will be made payable to: \_\_\_\_\_

Address for check to be sent: \_\_\_\_\_

Signature of Landlord / Representative: \_\_\_\_\_

1454 SW Mapp Rd Palm City, FL 34990  
772-286-3371