



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: _____

Mail to: PO Box589 Palm City, FL 34991
1454 SW Mapp Rd Palm City, FL
772-286-3371