



P O Box 1663, 115 Mustian Street
Kill Devil Hills, North Carolina 27948
(252) 480-0070
FAX (252) 261-6342
email: director@interfaithoutreach.com

RENT LETTER

Date: _____

This letter confirms that _____ (name of family or individual) rents,
or has/had agreed to rent property from me at: _____

The amount of one month's rent is \$ _____ and due _____ (date)
for the month of _____

Total Outstanding _____ (without deposits, late fees, or other fees).

I, as the landlord, agree to accept emergency funds from Interfaith Community Outreach. ICO provides direct services to people who are facing a temporary emergency crisis. Payment will guarantee residency for 30 days.

Landlord Print Name: _____

Mailing address of Landlord: _____

Phone number of Landlord: _____

Landlord Signature: _____

Verified by ICO Case Worker: _____ Date: _____

Type of Assistance:

☐ Past due rent

☐ Current month's rent

☐ First month's rent (effective/move in date _____ (month/day/year))

Accounting: **(NO CHECK WILL BE CUT WITHOUT A COMPLETED RENT LETTER)**

ICO payment amount: _____

ICO check number: _____

The one-month amount being paid is past due in its entirety at the time of payment Yes ☐ No ☐