

# VERIFICATION OF RENTAL STATUS FOR VISTO

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

**Client's Name:** \_\_\_\_\_ **Landlord's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**LEASE ATTACHED**

**NON-PAYMENT:** Our records indicate that your monthly rental payment has not been Paid in full. We show the following amounts due as of the date of this notice.

**DUE DATE**      **MONTHLY RENT**      **ADD'L CHARGES**      **AMT. PAID**      **AMT DUE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

Please check one of the following:

Please pay the amount listed above as "TOTAL DUE" by \_\_\_\_\_ and Landlord agrees not to evict the tenant for 30 days. If you fail to make the necessary Payments by the date listed above, we will seek to terminate your rights of occupancy by bringing forth judicial action, at which time you may present a defense.

Landlord will accept a partial payment amount of \$ \_\_\_\_\_ and Agrees to not evict the tenant for 30 days.

**LANDLORD'S SIGNATURE** \_\_\_\_\_

This information is required by VISTO in order to determine the tenant's eligibility for assistance. If you have any questions please contact our office at 940 668-6403 between the hours of 8:00 AM to Noon. VISTO FAX NUMBER: 940 668-7026