

**City of Boston - AFSCME Council 93, AFL-CIO Housing Trust Fund**

**RENTAL ARREARAGE FORM**

Date \_\_\_\_\_, 20\_\_\_\_

Landlord/Property Company: \_\_\_\_\_

Property Owner (if different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Telephone Number: (        ) \_\_\_\_\_

Email (if available): \_\_\_\_\_

Monthly rent of Tenant seeking assistance: \$ \_\_\_\_\_

Dear Housing Trust Committee:

Mr. /Ms. \_\_\_\_\_ of \_\_\_\_\_,  
Tenant Tenant's Address

Owes rent for the following month(s):

Month:	Amount in arrears:
_____:	\$ _____
_____:	\$ _____
_____:	\$ _____

TOTAL AMOUNT OWED: \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
Landlord/Property Manager

## **City of Boston – AFSCME Council 93, AFL-CIO Housing Trust Fund**

Dear Landlord/Management Company:

Your Tenant has applied for assistance from the City of Boston - AFSCME Council 93, AFL-CIO Housing Trust Fund. Our involvement will result in the Tenant receiving funding assistance to pay their rent arrearage.

Attached is a Rental Arrearage Form asking your verification of rent currently past due. By providing this information, you will assist us in assuring that this program is administered in the manner for which it was intended.

We want to again, emphasize that the following information will be treated confidentially and used solely for its intended purpose. If approved, proceeds may only be used to pay rent arrearage.

Your assistance is greatly appreciated and if you have any questions concerning this form, please call us at 617-367-6049.

Sincerely,

The Housing Trust Committee

Instructions:

The form accompanies the letter and the AFSCME Member gives both to their landlord to complete. The letter explains why the information is needed and may provide incentive for the landlord to complete and return to the Member as soon as possible.