



# Community Action Program East Central Oregon

SERVING UMATILLA • MORROW • GILLIAM • WHEELER COUNTIES

**Assisting  
people to  
become  
independent,  
healthy  
and safe.**

## MAIN OFFICE

721 SE Third St.,  
Ste. D  
Pendleton, OR 97801  
541-276-1926  
800-752-1139 TOLL FREE  
541-276-7541 FAX

## HERMISTON

1565 N. 1st St., Sp. 1  
Hermiston, OR 97838  
541-289-7755  
800-214-4776 TOLL FREE  
541-289-7757 FAX

## THE DALLES

3641 Klindt Dr.  
The Dalles, OR 97058  
541-506-3512

### LANDLORD STATEMENT / HRPS EVICTION PREVENTION

DATE: \_\_\_\_\_

Tenant(s) name: \_\_\_\_\_

Tenant(s) address: \_\_\_\_\_

\_\_\_\_\_  
City, State, ZIP

Upon completion and approval CAPECO will authorize a one-time payment towards the rent. Funds paid by CAPECO are to pay past due balances owed by tenants.

By signing this form you're certifying the amounts you have detailed below and agree to accept funds provided by CAPECO.

#### To be completed by Landlord/Manager

Monthly Rent amount: \$ \_\_\_\_\_ Amount past due \$ \_\_\_\_\_ Late fee: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ Rent past due date: \_\_\_\_\_

Have you or will you be applying for landlord assistance for this tenant for any past or present rent due?  Yes  No

#### Make Checks Payable to:

Business or Owner's Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Owner's Social Security # or Federal Tax ID #: \_\_\_\_\_

Choose Business Type:

Corporation  LLC  Partnership  Sole Proprietorship

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT / DATE