



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 AGREEMENT

DATE: _____

Tenant(s) name: _____

Tenant(s) address: _____

Upon completion and approval, CAPECO will authorize a one-time payment towards the rent. Funds paid by CAPECO are to prevent eviction for nonpayment of rent. Funds may reflect past, present and future rent. If tenant leaves the unit with credit of rent not utilized, rent must be returned to the tenant.

By signing this form, you are certifying the amounts you have detailed below and agree you will not evict based on nonpayment of rent for the periods covered in the payment amount.

To be completed by Owner/ Landlord/Manager

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

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

Make checks Payable to:

BUSINESS OR OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

OWNER'S SOCIAL SECURITY # OR FEDERAL TAX I.D. #: _____

CIRCLE BUSINESS TYPE:

- 1.) CORPORATION 2.) LLC 3.) PARTNERSHIP 4.) SOLE PROPRIETORSHIP

SIGNATURE OF OWNER OR AUTHORIZED AGENT/DATE