



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-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 prevent eviction for nonpayment of rent.

By signing this form you're 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 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