



# 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