Travis County Health and Human Services
Family Support Services Division

RENT / MORTGAGE STATEMENT

DATE:_____

This is to confirm that _____ is/will be (select one)

renting/buying a housing unit with ____ bedroom(s) from me beginning on_____ at

a cost of $_____ per month/for first month's rent.(select one).

The address of the housing unit is:

_____

Street Address Unit # City ZIP

Please complete this section if applicable:
Rent/Mortgage is **due** for the following period: _____ to _____ in the amount of $_____.
Rent/Mortgage was due on _____.

Landlord/Mortgage Company/Authorized Agent Information:	
Name (Please print):	
Signature:	**Date:**
Mailing Address:	
Phone:	**FAX:**
Title:	
Representing (owner /company/agency):	