

CITY MISSION SOCIETY of BOSTON  
14 Beacon Street, Suite 203  
Boston, Massachusetts 02108  
June R. Cooper, Executive Director



## LANDLORD VERIFICATION FORM

Tel: (617) 742-6830 x205  
FAX: (617) 742-8470  
Email: [information@cmsboston.org](mailto:information@cmsboston.org)

Date: \_\_\_\_\_

This is to confirm that \_\_\_\_\_  
*Name of Tenant(s)*

rents property from me (us) at \_\_\_\_\_  
*Address/City/Zip*

The monthly rental is \$ \_\_\_\_\_, which does not include deposits, late fees or other fees.

The rent was due on \_\_\_\_/\_\_\_\_/\_\_\_\_. The rent is past due in the amount of \$ \_\_\_\_\_.  
*Month Day Year*

### Landlord or Rental Authority (Please Print):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_ Email \_\_\_\_\_

Signed \_\_\_\_\_  
*Landlord's or other Authorized Signature*

**If check should be mailed to a different address or made out to  
a different name, please indicate:**

Check should be made out to: \_\_\_\_\_

Address \_\_\_\_\_

Verified by \_\_\_\_\_  
*Name and Signature, Authorized City Mission Society Staff*

**PLEASE RETURN BY FAX OR MAIL**