

Pahrump Office
Marilynn Gallivan Complex
1981 E. Calvada Blvd. North
Suite 120
Pahrump, NV 89048
Phone: (775) 751-7095
Fax: (775) 751-4284



Health and Human Services
Director - Karyn Smith

Tonopah Office
Nye County Courthouse
101 Radar Road
Post Office Box 926
Tonopah, NV 89049
Phone: (775) 482-8125
Fax: (775) 482-7261

I.D.#: _____

LANDLORD LETTER - PAST DUE
****TO BE COMPLETED BY LANDLORD****

Date: _____

Tenant's name and address:

You are **past due** with your rent payment for the following month(s):

<u>Month Past Due</u>	<u>Amount</u>	<u>Month Past Due</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You currently owe \$ _____ in past due rent and \$ _____ in late fees.

Total amount due: \$ _____ (Total Past Due + Total Late Fees)

Please make a check payable to:

Name/Agency/Company: _____

Social Security or Taxpayer ID #: _____

Mailing Address: _____

Telephone #: _____

Home:

Number of Bedrooms: _____. If assistance is for room rent, number of rooms being rented: _____.

Is this for space rent? ☐ YES ☐ NO

I understand and agree that upon approval of client's application for rent assistance, I will not commence eviction proceedings at any time during the month for which the assistance is intended. Please Note: Approval of rent assistance does not guarantee payment of full amount due, and this form is NOT a guarantee of approval for rent assistance. It is my understanding that I will receive a letter from Nye County Health & Human Services indicating approval or denial of assistance. Also, I understand that it may take up to 4 weeks before I receive a payment, if assistance is approved.

Landlord/Agent Signature

Telephone Number

Print Name

Email Address

Fair Housing Act prohibits discrimination in housing on the basis of race, color, **national** origin, religion, sex, familial status, or disability.



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