

UTOPIA TOWNSHIP GENERAL ASSISTANCE OFFICE

K. Edward Shueler, Supervisor

1188 Northwest Highway
Palatine, IL 60074

Phone: (224) 535-8139
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STATEMENT FOR MONTHLY RENT/MORTGAGE

Date: 9/12/2011

TENANT / MORTGAGEE INFORMATION

Name: Mary Aberdeen

Address: 121 Main

City/St/Zip: Schaumburg, IL 60173

Rent/Mortgage Due for the month of: _____

Amount Due: _____

- Recurring monthly payment while the client is eligible for General Assistance.
- One time only Emergency Assistance payment.

LANDLORD / VENDOR INFORMATION

Name: Atlantic Equity

Address: 155 Sandy Beach Rd #778

City/St/Zip: Addison, IL 60101

Phone: 847-555-1212

EIN/FIN/SSN: 36-6544247

Landlord Signature: _____

I declare, under penalties of perjury, that I am the property owner of record.	Initials
I declare, under penalties of perjury, that I am an authorized agent of the owner.	_____
As the landlord, I agree that upon receipt of payment from Utopia Township, there will be no eviction/foreclosure proceedings initiated for the above named client for a period of 30 days.	_____

Please return both this form and the completed W-9 in order to receive payment 

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Issued By: D. Adams, Caseworker