



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

*A Homeless Solution Provider*

Client Information:

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_  
(complete street address)

\_\_\_\_\_  
(city/state/zip)

Type of Assistance:

Mortgage (*check one*)

Past Due Mortgage

Current month's Mortgage

The monthly mortgage payment is \$ \_\_\_\_\_

The total owed (including the amount above) is \$ \_\_\_\_\_

The amount being paid is for the months of (my) \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mortgage Holder Verification: (To be completed by the mortgage holder)

This is to confirm that mortgage for \_\_\_\_\_ for the property  
(name of individual or family)

at \_\_\_\_\_ with  
(complete address, street number and name, city, state, zip code)

a mortgage with a monthly payment of \$ \_\_\_\_\_ (principal and interest only)

is/was due on \_\_\_\_\_. The total amount currently owed is \$ \_\_\_\_\_.

The Individual /family now has mortgage due/past due for the month of \_\_\_\_\_.  
(month/year)

Mortgage Holder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_  
(street/city/state)

Mortgage Holder Signature : \_\_\_\_\_ Date: \_\_\_\_\_