

Statement of Past Due Rent and Utilities Since March 2020

Lancaster County Emergency Rental Assistance Program

Head of Household Name: _____
Address: _____
Contact Phone: _____
Application Username: _____
Landlord's Name: _____
Landlord Phone: _____

Please list all outstanding rental arrears, including rent and other fees since March 2020

Month: please list all months owed	Rent
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Please list the names of your utility providers and all outstanding utility arrears, including late fees

Electric Provider: _____ Water Provider: _____
Heating (Gas/Oil) provider: _____ Sewer Provider: _____
Trash Provider: _____ Other Provider: _____

Month (please list all months owed)	Electric	Heat	Water/Sewer/Trash	Other
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				