

# SHELTER ARREARS BREAKDOWN

COUNTY OF SUFFOLK



STEVEN BELLONE  
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICE

JOHN F. O'NEILL  
COMMISSIONER

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

To Whom It May Concern:

I am the landlord for \_\_\_\_\_, who  
resides at: \_\_\_\_\_ N.Y. \_\_\_\_\_.

The rent for this housing is \$ \_\_\_\_\_ per month.

The tenant(s) is/are currently in rent arrears as follows:

Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____

Total Due: \$ \_\_\_\_\_

Please be advised that when arrears are paid, I will rescind the pending eviction.

\_\_\_\_\_  
Print Landlord or Agent's Name

Telephone Number: (     ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_, \_\_\_\_\_ N.Y. \_\_\_\_\_

\_\_\_\_\_  
Signature: (Landlord or Agent's)

P.O. BOX 18100  
HAUPPAUGE, NY 11788-8900

[www.suffolkcountyny.gov/departments/socialservices](http://www.suffolkcountyny.gov/departments/socialservices)

\*Use of this form is preferred but not required.