

Landlord Fee Forgiveness Waiver Form

City of Mission
Community Development Department
Texas Emergency Rental Assistance Program

LandLord:			
Client Name:		Address #	
FEE FORGIVENESS:	I _____ acknowledge to waive late fees / penalties and not pass court fees to the tenant up to 6 months as per requirements of this program		
Amount of Fees to be Waived:			

Landlord Signature

Date

Intake Signature

Date