



CATHOLIC COMMUNITY SERVICES
OF WESTERN WASHINGTON

Housing and Essential Needs Program (HEN) King County

Fax to: ATTN HEN: 206-324-4835 Questions? 206-328-5755

Dear Landlord,

Please submit the following information to the HEN program. Clients must be considered at risk of losing their housing in order to receive assistance from the HEN Program. Filling out the below information meets this requirement. Thank you very much for your cooperation.

Sincerely,
HEN Program of King County

Rental Address _____

Client/Tenant Name _____

I certify that the above client/tenant is a current tenant at the above address and will be evicted in 21 days from the date listed below if payment is not received. I certify that the rental amount for this unit is considered reasonable for the surrounding area and type of unit.

Landlord / Owner Signature _____

Landlord / Owner Name Printed _____

Phone _____

Date _____