



**MULTIFAMILY NW**  
The Association Promoting Quality Rental Housing

# EMERGENCY COVID-19 BALANCE REMINDER

**CAMBRIDGE**  
real estate services



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER 2400 Brookwood OR241  
 RESIDENT NAME(S) \_\_\_\_\_  
 UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**We recognize that the COVID-19 health crisis is severely straining many of our residents' finances. Our goal is to keep residents safely in their homes. If you've had a significant reduction of income due to COVID-19, which is affecting your ability to pay, and have not already made payment arrangements, please contact the Owner/Agent using the contact information below.**

The following amount(s) are past due and outstanding on your account:

CHARGE	AMOUNT	DATE/DESCRIPTION
<input type="checkbox"/> Rent	\$ _____	_____
<input type="checkbox"/> Pet rent	\$ _____	_____
<input type="checkbox"/> Garage	\$ _____	_____
<input type="checkbox"/> Parking	\$ _____	_____
<input type="checkbox"/> Storage	\$ _____	_____
<input type="checkbox"/> Utilities	\$ _____	_____
<input type="checkbox"/> NSF fees	\$ _____	_____
<input type="checkbox"/> Noncompliance fees	\$ _____	_____
<input type="checkbox"/> Deposit(s)	\$ _____	_____
<input type="checkbox"/> Resident-caused damages	\$ _____	_____
<input type="checkbox"/> _____	\$ _____	_____
<input type="checkbox"/> _____	\$ _____	_____
<b>TOTAL \$</b>		_____

ADDITIONAL INFORMATION:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OWNER/AGENT  \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_