



720 Cass Street  
 La Crosse, WI 54601  
 P (608) 782-4100  
 E [brenna@reliantres.com](mailto:brenna@reliantres.com)  
[www.reliantres.com](http://www.reliantres.com)

**COVID-19 Rental Payment  
 Accommodation Request**

**Dwelling Address**

Street	City	State	Zip Code
--------	------	-------	----------

**Adult Household Members**

Name #1	Phone Number	Email Address
Name #2	Phone Number	Email Address
Name #3	Phone Number	Email Address
Name #4	Phone Number	Email Address

**Rental Obligations**

Current Rental Rate	Past Due Account Balance as of 3/31/20	Past Due Account Details as of 3/31/20
---------------------	--	--

**Current & Future Sources of Income**

Source #1	Monthly Amount	Household Member Name	If Future, Expected Starting Date
Source #2	Monthly Amount	Household Member Name	If Future, Expected Starting Date
Source #3	Monthly Amount	Household Member Name	If Future, Expected Starting Date
Source #4	Monthly Amount	Household Member Name	If Future, Expected Starting Date

**Former Sources on Income**

Source #1	Monthly Amount	Household Member Name	Termination Date
Source #2	Monthly Amount	Household Member Name	Termination Date
Source #3	Monthly Amount	Household Member Name	Termination Date
Source #4	Monthly Amount	Household Member Name	Termination Date

**Requested Accommodation**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received

Case Assigned To:

--