Ned Lamont
Governor

STATE OF CONNECTICUT
DEPARTMENT OF HOUSING

Seila Mosquera-Bruno
Commissioner

UniteCT

Rental Arrears Form

_____
Date

_____ _____
Tenant Name Tenant Address

_____
Landlord Name

Number of Months in Arrears		**Total Arrears Amount**	

Rent Payment Schedule

Date	Rent	Payment	Payment Source	Running Balance

*For additional line items, please use the second page.

_____ _____
Signature of Landlord Date

_____ _____
Signature of Tenant Date

Rent Payment Schedule Continued

Date	Rent	Payment	Running Balance