

TENANT ESTOPPEL LETTER

DATE: 11-17-2025 Address: 187 Coalinga Unit #: #B

Tenant(s):

First Name	Last Name	Age	Phone #	Email
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Rent paid by: 1st who works at: Disability and with salary: 967

Move in date: 4 years Type of lease:  lease until \_\_\_\_\_ or  month-to-month

Monthly rent amount: 500.00 Date of last rental payment paid: \_\_\_\_\_

Rent paid by  cash  money order  check  venmo  paypal  cashapp  ach  cc  other \_\_\_\_\_

Day rent is due: \_\_\_ of the month or paid in the following increments: \_\_\_\_\_

Security deposit amount: 0 Last month prepayment amount: \_\_\_\_\_ Balance due: \_\_\_\_\_

Utilities paid by: (leave blank if not applicable)

Gas:  landlord  tenant. Electric:  landlord  tenant. Water/Sewer:  landlord  tenant.

Trash:  landlord  tenant. Cable:  landlord  tenant. Internet:  landlord  tenant.

Appliances owned by: (leave blank if not applicable)

Stove:  landlord  tenant. Fridge:  landlord  tenant. Dishwasher:  landlord  tenant.

Washing Machine:  landlord  tenant. Dryer:  landlord  tenant. Air Conditioner:  landlord  tenant.

Please list any items of personal property belonging to Tenant: (ceiling fans, light fixtures, window treatments, etc.):

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THE ABOVE INFORMATION IS HEREBY CERTIFIED TO BE TRUE, COMPLETE AND ACCURATE.

[REDACTED]

[REDACTED] Date: \_\_\_\_\_

TENANT (please spell):

[REDACTED] Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

LANDLORD (please spell):

\_\_\_\_\_ Date: \_\_\_\_\_

LANDLORD (please spell):