

Tenant Late Fee Removal Request Form

Legacy Rental Management LLC

Address: 702 North Church Street, Hazleton PA 18201

Phone: 570-497-4711

Email: office@legacy-rentalmanagement.com

Tenant Information:

- Full Name: _____
 - Address (Property Unit/Number): _____
 - Phone Number: _____
 - Email Address: _____
-

Lease Details:

- Lease Start Date: _____
 - Lease End Date: _____
 - Rent Amount Due: _____
 - Late Fee Charged: _____
 - Date Rent Was Due: _____
 - Date Rent Was Paid (if applicable): _____
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Reason for Request:

Please provide a detailed explanation for your request to remove the late fee (check any that apply and provide details):

- Bank error** (e.g., processing delay)
Details: _____

 - Personal emergency** (e.g., medical, family emergency)
Details: _____

 - Payment processing issues** (e.g., technical issues with payment portal)
Details: _____

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- _____
- Job loss or financial hardship**

Details: _____

- _____
- Other (Please Specify):** _____

Details: _____

Supporting Documentation:

Please attach any relevant documentation that may support your request (e.g., bank statement, medical note, payment receipt, etc.).

Acknowledgment:

I, the undersigned tenant, certify that the information provided above is true and accurate to the best of my knowledge. I understand that submission of this form does not guarantee approval of my request, and the property management company may request additional information.

Signature: _____

Date: _____

For Office Use Only:

- Date Received: _____
- Late Fee Waived: [] Yes [] No
- Additional Notes: _____
- Processed By: _____
- Date Processed: _____