

# Rent invoice for Health-Related Social Needs (HRSN) benefit



**eocco**  
EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION

Past due rent and future rent that will be covered by the HRSN benefit should be included. Members can be authorized for a maximum of six months total.

Tenant name

Tenant address

	Month and Year	Rent due	Late Fee
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$

Landlord name

Landlord signature

---

Date