



C.S.P. Management Acknowledgement of Payment Assistance Form

C.S.P. Management
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Parent or guardians may assist tenants with payments. Parents/Guardians will need to print, sign, and return this form. The form can be mailed or faxed.

Date: _____

Addendum to the lease:

Address: _____

Your son or daughter has completed and submitted an application to rent the apartment at the address listed above. As part of this application they have indicated that the rent is to be paid in part or in full by their parent(s)/guardian(s). Your signature on this form is required to complete the lease contract with your child. Please feel free to contact our office with any questions you may have.

_____ acknowledges that _____ has indicated
(Parent/Guardians' name) (Student's name)

that payment of rent for lease dated _____ through _____ will

be paid either partly or entirely by a parent and that said parent agrees to do so.

Parent / Guardian Signature: _____

Date: _____

Student / Tenant Signature: _____

Date: _____