LATE FEE ASSESSMENT

Invoice #: _____
Date: _____

Property Management Co.
[Address Line 1]
[Address Line 2]
[Phone/Email]

Tenant Information [Tenant Name]
[Property Address]
[Unit Number]
Property Details Owner: [Landlord Name]
Portfolio: [ID/Reference]
Original Rent Due Date: _____

Description of Charge	Reference Period	Amount
Unpaid Base Rent	[Month/Year]	$
Initial Late Fee	Assessment Date: _____	$
Daily Late Fee Assessment	[___] Days @ $ [___]/Day	$
Administrative Processing Fee	Standard Assessment	$

Subtotal: $_____

Payments/Credits Applied: $_____

Total Balance Due: $_____

Notice: This assessment is issued in accordance with the terms of your signed Lease Agreement. Please remit payment immediately to avoid further legal action or eviction proceedings. If payment has already been sent, please contact the management office to verify receipt.