



Society of

**St. Vincent de Paul**  
NORTH TEXAS

St. Patrick Conference

**Payment Voucher**

**Rent**

**Electric**

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

Client Name: \_\_\_\_\_ Tele no. \_\_\_\_\_

Client Address: \_\_\_\_\_

Account information: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Payee Telephone Number: \_\_\_\_\_

This represents an agreement between the Society of St. Vincent DePaul (SVDP) and the above referenced client for SVDP to assist this client with the payment of their bill. SVDP has agreed to pay \$ \_\_\_\_\_ toward this client's total liability in the amount of \$ \_\_\_\_\_ for the month of \_\_\_\_\_. This agreement is contingent upon the client obtaining the balance of the monies due from other sources. This pledge of assistance will expire **2 weeks** from the above date.

\_\_\_\_\_  
SVDP Volunteer

**Client Acknowledgement**

I acknowledge that the Society of St. Vincent DePaul **will not** release any funds until I have obtained my portion of the Rent I owe.

I acknowledge that if I received financial assistance from the Society of St. Vincent DePaul, I will not be eligible for additional financial assistance for **One Year** from the date of that assistance.

I acknowledge that any money paid by the Society of St. Vincent DePaul will be paid directly to the lessor/ Account holder. No funds will be paid directly to me.

\_\_\_\_\_  
Client Signature

**Society of St. Vincent DePaul**  
**St. Patrick Conference**

**9643 Ferndale Road**  
**Dallas TX 75243**

**214-221-8882**