

[Your Name or Property Management Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Tenant's Name]  
[Tenant's Address]  
[Unit Number]

**RE: Approval of Rent Payment Date Adjustment**

Dear [Tenant's Name],

This letter is to formally notify you that your request to adjust your monthly rent payment date has been approved.

Starting on [Month/Day, Year], your rent payment schedule will be modified as follows:

- **Current Due Date:** [Original Date, e.g., 1st of the month]
- **New Due Date:** [New Approved Date, e.g., 10th of the month]
- **New Grace Period Ends:** [New Late Date, e.g., 15th of the month]

Please note that all other terms and conditions of your original lease agreement remain in full force and effect. This adjustment applies specifically to the payment due date and does not waive any requirements regarding the total amount of rent owed.

This accommodation is granted starting from the next billing cycle and will continue until [End Date or "the end of your current lease term"].

If you have any questions regarding this change, please contact the office at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]  
[Your Title/Role]