

US Treasury Department Emergency Rental Assistance Program (ERAP)

Rental Assistance Landlord Agreement

Date this form is completed(month/day/year): ___/___/_____

Tenant Name _____

Street Address _____ Unit # _____

City _____ State _____ Zip Code _____

Instructions for landlord/property manager/housing provide: Please use this form to consent to receipt of federal Emergency Rental Assistance Program funding on behalf of the tenant named above. Use a separate form for each unique household for which you are receiving rental assistance. Provide the requested information below and sign and initial in the places indicated below to consent to the terms of this agreement and receive payment from the program administrator agency you have been contacted by.

FINANCIAL ASSISTANCE – AMOUNT AND TIMEFRAME

The monthly rent* payment is \$_____ (If tenant’s monthly payment includes utility costs, the term “rent” in this agreement should be considered as inclusive of utility costs.)

The total amount of past due rent owed (including late fees) as of the date of this agreement is \$_____

The portion of the amount owed that represents unpaid late fees: \$_____ If you consent to waive the late fees, in full or in part, initial here: _____ Indicate here the amount of late fees you are waiving: \$_____

List below unpaid rent amounts by month. Do not include late fees or other charges.

Apr 2020		May 2020		June 2020		July 2020		Aug 2020		Sep 2020	
Oct 2020		Nov 2020		Dec 2020		Jan 2021		Feb 2021		Mar 2021	
Apr 2021		May 2021		Jun 2021		July 2021		Aug 2021		Sep 2021	

Are there any past-due rent amounts due from prior to April 1, 2020? ___Yes ___No If Yes, amount due from prior to April 1, 2020: \$_____ NOTE: ERAP may not pay amounts due from prior to April 1, 2020.

LANDLORD CONSENT (Initial and sign below.)

Name of Entity that Owns the Rental Property: _____

Name of Landlord/Management Company (if different from above): _____

Address of Landlord/Management Company: _____ City _____ State _____ Zip _____

Landlord: Initial the statements below to confirm your consent to the terms of this agreement.

___I attest that the above-referenced amounts are still owed and have not yet been covered by other financial assistance programs.

Payment of assistance on behalf of the tenant named in this agreement, in the amount stated above, will be issued to the above-named entity and sent to the above address. The IRS W9 Form attached to this agreement must be completed to receive payment. The landlord/housing provider entity named on this form must match the entity named on the W9.

___I confirm that the above-named individual is a tenant leaseholder of this property at the address identified above.

CHECK ONE:

___They are the only person named on the lease.

OR

___There is one or more additional person named on the lease. The following additional tenants are also named on the lease:

___By accepting the payment referenced above, I confirm that, upon receipt of total assistance indicated above provided on behalf of the above-named tenant, no additional back rent or fees are owed from the period from April 1st to the date of this agreement.

Are there rental arrears from prior to April 1, 2020? ___Yes ___No

If yes, by forgiving past due rent from prior to April 1, 2021, **you can be eligible for three months of “forward” rent payments.** Initial here if you are forgiving past due rent from prior to April 1, 2020, so that you may be able to receive ERAP funding for three months of future rent payments for the tenant named in this agreement: _____

If you do not consent to forgive any amounts due from prior to April 1, 2020, you may not receive any future rent payments.

___ This payment will guarantee tenancy for the balance of this month and any future months' payment received from the ERA Program, and no legal or other actions will be taken to collect amounts owed from periods prior to the date of this agreement from either the above-named tenant or other tenants at this residence. If there is a current lease in place, the lease will remain in effect and the terms of the lease will be honored.

___ In the event that a lawsuit to collect the past due rent balance has been filed, with acceptance of the payment referenced above, the lawsuit will be withdrawn.

___ Under penalty of perjury, I attest that all of the information provided in this agreement is truthful and accurate.

Authorized Representative of Landlord/Management Company

Name: _____ Email: _____ Phone: _____

By signing this agreement, I confirm that I am authorized to act on behalf of the above-referenced property owner and consent to the terms outlined in this agreement.

Signature: _____ Date: _____

REQUIRED W-9

To process payment, United Way must collect the W-9 Form for all landlords receiving payment. Payment cannot be issued without the W-9 Form. Please complete the W-9 form and attach include it when you return this form.

PLEASE RETURN COMPLETED FORM TO THE CASEWORKER THAT CONTACTED YOU REGARDING THIS MATTER.

Caseworker Name:

Caseworker Email:

Caseworker Phone Number: