

Emergency Rental Assistance Program

LANDLORD CERTIFICATION

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. The renter is at least one month in arrears of rent payment and is in danger of eviction or the renter is a new tenant and is requesting funding to gain occupancy at this location:

Address _____
City, State _____
Zip code _____

I accept payment for said arrearage or occupancy.

I refuse to participate and will not accept payment.

Monthly rent: \$ _____ Rental Arrears: \$ _____

| | |
|------------------------------|----------------------------|
| _____ | _____ |
| LANDLORD NAME (PLEASE PRINT) | RENTER NAME (PLEASE PRINT) |
| _____ | _____ |
| ADDRESS | ADDRESS |
| _____ | _____ |
| CITY ZIP CODE | CITY ZIP CODE |
| _____ | _____ |
| PHONE NUMBER | PHONE NUMBER |
| _____ | _____ |
| LANDLORD SIGNATURE/DATE | RENTER SIGNATURE/DATE |