Eviction Rent Assistance Program (ERAP)

Friend/Family Payment Agreement Form

**Instruction: Use this form if the household is informally renting from a friend or family member. Complete sections 1 and 2 with client. ERAP staff calculates section 3. Contact friend/family to complete Section 4 & 5.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Household Information, Rental Address/Information** | | | | | | | | | | |
| **Household ID:** | | | | | | **Date:** | | | | |
| Name: | | | | | | Phone number: | | | | |
| Street: | | | | | | | | | | |
| City: | | | | | | State/Zip Code: | | | | |
| To determine Fair Market Rent, what are the number of bedrooms in **Friend/Family house:** | | | | | | How many rooms is the household paying for/if only paying for a “sleeping space,” indicate “1.” | | | | |
| 1. **Rent Request – limited to 3 months** | | | | | | | | | | |
| 1. What is the client’s monthly payment obligation: | | | | | | $ | | | | |
| 1. Indicate below the month/s the household is requesting rent: arrears, current or future and what is owed in each month? | | | | | | | | | | |
| March  $ | April  $ | May  $ | June  $ | July  $ | Aug  $ | | Sept  $ | Oct  $ | Nov  $ | Dec  $ |
| 1. What is prorated [Fair Market Rent](https://www.rentdata.org/lookup) on this Unit (100% FMR) based on the number of rooms? | | | | | | $ | | | | |
| 1. What is the total rent and/or rental arrears due? (line b.) | | | | | | $ | | | | |
| 1. **Maximum Friend/Family Payment – select one method, no more than amount due, line 2.d.** | | | | | | | | | | |
| 80% of Total Due: (line 2.d. x .8) | | | | | | $ | | | | |
| [Fair Market Rent](https://www.rentdata.org/lookup) x # months of payment obligation (line c.) | | | | | | $ | | | | |
| **What is Total ERAP Payment:** | | | | | | **$** | | | | |
| 1. **Friend/Family member information for payment:** | | | | | | | | | | |
| Name: | | | | | | Phone number: | | | | |
| Payment Address: | | | | | | | | | | |
| City: | | | | | | State/Zip Code: | | | | |
| 1. **Friend/Family Signature** | | | | | | | | | | |
| I certify the above information is true and will accept the ***program payment*** of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as full satisfaction of any balance owed through \_\_\_\_\_\_\_\_\_, 2020, for the household residing at address above. No late fees or additional charges will be made for the months covered after I receive the ERAP Payment. | | | | | | | | | | |
| *Print name/Signature/Date:* | | | | | | | | | | |