Eviction Rent Assistance Program (ERAP)

Landlord Payment Agreement Form

**Instructions: Use this form if the household is renting from a landlord and there is a formal “rental agreement” or “lease.” Complete sections 1 and 2 with head of household. ERAP staff calculates section 3. Contact landlord to complete Section 4 & 5.**

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| 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 **rental unit:**   |
| 1. **Rent Request – limited to 3 months**
 |
| 1. What is the household’s rent/lease amount?:
 | $ |
| 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 the [Fair Market Rent](https://www.rentdata.org/lookup) on this Unit? (100% FMR)
 | $ |
| 1. What is the total rent and/or rental arrears due? (line b.)
 | $ |
| 1. **Maximum Landlord 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 rent (line c.)  | $  |
| **What is Total ERAP Payment:**  | **$** |
| 1. **Landlord, property manager, or agent authorized to accept payment:**
 |
| Name: | Phone number: |
| Payment Address: |
| City:  | State/Zip Code: |
| [ ]  Landlord W9 required for payment, please remit with this form. |
| 1. **Landlord Signature**
 |
| As the Landlord, property manager, or agent authorized to accept payment, I certify the above information is true and will accept the ***program payment*** of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as full satisfaction of any balance owed through \_\_\_\_\_\_\_\_\_, 2020. No late fees or additional charges will be made for the months covered after I receive the ERAP Payment. |
| *Print name/Signature/Date:*  |