

ACT 1: Emergency Rental and Utility Assistance Program (ERAP)

LANDLORD CERTIFICATION

I CERTIFY THAT:

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

Address: _____

City, State: _____

Zip Code: _____

Check the statement that applies:

- I accept payment for said arrearage or occupancy.
- I refuse to participate and will not accept payment.

Monthly Rent: \$ _____

Rental Arrears: \$ _____

Property Management Company (If applicable)

Landlord Name (Print)

Tenant Name (Print)

Mailing Address:

Mailing Address:

Physical Address:

Physical Address:

Phone Number: _____

Phone Number: _____

Landlord Signature

Date

Tenant Signature

Date