



ERAP 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

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

\$

Monthly Rent

\$

Rental Arrears

Landlord

Landlord Name (print)

Address

Email

Phone

Alt Phone

Landlord Signature

Tenant

Tenant Name (print)

Address

Email

Phone

Alt Phone

Tenant Signature