

CARES RENT RELIEF PROGRAM

LANDLORD APPLICATION

LANDLORD INFORMATION

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

1. Will you accept electronic payment of funds via Direct Deposit?

Yes ___ No ___

2. Are you able to provide the required banking information to receive the disbursement of CARES funds?

Yes ___ No ___

3. Do you agree to wave the right to collect rent from the tenant for the months which CARES assistance is being applied?

Yes ___ No ___

NAME(S) OF LESSEE (MUST MATCH LESSEE HOUSEHOLD CERTIFICATION)	MONTHS OF ASSISTANCE REQUESTED	AMOUNT OF ASSISTANCE REQUESTED
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT OF ASSISTANCE REQUESTED (NOT TO EXCEED \$4,500)		\$

4. Have you provided ownership documentation for each rental unit listed below? Acceptable proof of ownership documents include a copy of the deed, sales contract, most recent property tax receipt, a copy of the mortgage, or proof of homeowner's/hazard insurance from the most recent year.

Yes ___ No ___

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5. Do you agree not to begin any eviction proceedings for any other rent within 60 days from the date rent was due within the last month for which assistance was provided?

Yes ____ No ____

6. Will you attest that all property taxes on buildings associated with lessees listed above are paid and up to date?

Yes ____ No ____

7. Please read the Housing Quality Standards checklist on the Landlord/Property Certification. Do each of the rental properties for which CARES funds are being requested meet these guidelines?

Yes ____ No ____

NOTE: If approved to receive CARES RRP funds, landlords/property owners will be required to provide a W-9 to the county's designated organization.

IF YES TO ALL OF THE ABOVE, PLEASE COMPLETE THE LANDLORD/PROPERTY CERTIFICATION

Landlord Name (Print): _____ Date: _____

Landlord Signature: _____ Date: _____