

CARES RENT RELIEF PROGRAM

LANDLORD APPLICATION

REMINDER: ALL CARES RENT RELIEF PROGRAM APPLICATION AND SUPPORTING DOCUMENTS MUST BE SUBMITTED DIRECTLY TO THEIR COUNTY'S DESIGNATED CARES RRP ORGANIZATION. PARTICIPATING ORGANIZATIONS CAN BE FOUND ON THE PHFA WEBSITE AT [HTTPS://WWW.PHFA.ORG/PACARES/](https://www.phfa.org/pacares/).

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 waive the right to collect rent from the lessee for the months which CARES RRP 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 above? Acceptable proof of ownership documents include, but are not limited to 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 have either a written or oral lease agreement with your lessee(s)?

Yes ____ No ____

6. Have you and/or your lessee(s) provided a lease agreement (written) and included a third-party document that can be used to verify residency for each lessee requesting CARES RRP assistance (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address)? Please include third-party supporting documentation for both written and oral leases.

Yes ____ No ____

7. Do you attest that each lessee requesting CARES RRP assistance occupied the applicable residence between March 1, 2020, and December 30, 2020?

Yes ____ No ____

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

Yes ____ No ____

9. Do you attest that all property taxes on buildings associated with any lessee listed above are paid and up to date?

Yes ____ No ____

10. 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.

PLEASE COMPLETE THE LANDLORD/PROPERTY CERTIFICATION

Landlord Name (Print): _____ Date: _____

Landlord Signature: _____ Date: _____