



RENTAL ASSISTANCE PROGRAM
Property Owner/Management Company Participation Agreement

Dear Property Owner/Management Company:

Your tenant _____ residing at _____ is applying to the Department of Family and Support Services (DFSS) for Rental Assistance for the months/year of _____.

In order to successfully apply for the Rental Assistance Program, the applicant (your tenant) must provide the following information*:

- A valid picture ID and Social Security cards (or affidavit if applicable) for household members 18 years and over
• A document that proves the need for assistance
- Notice of non-payment of rent or a 5 day notice from a property owner/management company, and
- Documentation that explains the nature of the crisis or emergency (temporary loss of income, fire or flood, court order to vacate, domestic violence) that kept the application (tenant) from paying rent.
• Proof that the applicant (your tenant) will be able to pay rent on their own after receiving assistance (evidence of future income OR action plan to increase income prepared by DFSS case manager and client).
• A Current Lease signed by both parties (applicant (your tenant) and property owner/management company)
• This agreement signed by you, the property owner/management company and a copy of proof of ownership (property tax statement).

By signing this Property Owner/Management Company Participation Agreement, you agree to participate in the Rental Assistance Program. You agree to immediately cease all eviction proceedings when you receive written notification from DFSS that the Rental Assistance application is approved pending passing of habitability housing standards inspection.

*DFSS reserves the right to modify or eliminate any of the terms/requirements outlined above without prior notice.

Instructions: Applicant (tenant) and Property Owner/Management Company must complete all sections and sign below agreeing to the terms/requirements outlined above. [] By checking off this box, both parties confirm tenant is not a participant in subsidized housing.

Applicant (Tenant) Name:
Address:
Zip Code:
Telephone:
Monthly rent:
Past Due Amount:
Amount Requested: \$

Property Owner/Management Company:
Rental Assistance Check Payable to:
Address:
Zip Code:
Telephone:
Property Index Number:

DFSS District Manager Signature

Date

Property Owner/Manager Signature

Date