



**Must be completed by Landlord**

**ARPA-HRG Rental Assistance Program**

**Landlord Verification and Agreement for Program Participation**

Tenant Customer Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Please (print clearly) complete the table below indicating the months and amounts past due:

<b>Month+</b>	<b>Rent Charge Type+ (i e. late rent, late fees, court fees, etc.)</b>	<b>Amount Owed</b>

**+Must break down each charge/fee**

**Landlord Agreement:**

*I, (Landlord/organization name) I, \_\_\_\_\_, verify that I have NOT received payment from another source for the time period that I am requesting to be paid. If I become aware of a duplicate payment, I will inform HAPCAP immediately. I further certify that the information is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes. I further agree to not increase the rent costs prior to receipt of ARPA-HRG Emergency Housing Assistance payment or to evict the tenant for nonpayment for the months covered through this assistance program.*

\_\_\_\_\_  
Landlord/Representative Name & Title\*

\_\_\_\_\_  
Date\*

\_\_\_\_\_  
Landlord/Representative Signature\*

\_\_\_\_\_  
Phone Number\*

\_\_\_\_\_  
Mailing Address\*

\_\_\_\_\_  
Email Address

**\*Required: All signatures must be present to be valid**

**For Office Use Only:**

**Date Confirmed:** \_\_\_\_\_

**Initials:** \_\_\_\_\_