**ERAP Landlord Certification Form**

As the landlord for this rental unit and household, I: ☐ Agree to participate in the program

☐ Decline to participate in the program

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

Landlords who agree to participate in the program and receive payment directly from ERAP are required to meet the following terms and conditions. Initial next to each statement:

|  |  |  |
| --- | --- | --- |
|  |  | **ACCURACY** |
|  |  | I certify that all the information provided in the application is true and correct. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law. |
|  |  |  |
|  |  | **FEE WAIVER** |
|  |  | I agree to waive all late fees, interest, court fees, or other fees not included in monthly rent accrued by the tenant. |
|  |  |  |
|  |  | **EXISTING EVICTION FILINGS** |
|  |  | I agree to cancel/rescind all eviction filings currently pending against this tenant. |
|  |  | **NEW EVICTION FILINGS** |
|  |  | I agree not to file any new eviction cases for the duration of prospective rental assistance being provided through ERAP, or a minimum period of 30 days, whichever is longer. |
|  |  | **LEASE RENEWAL** |
|  |  | I agree to extend the tenant’s lease or renew the lease if it has or is scheduled to expire prior to the end of the rental assistance being provided, but for a period no less than 90 days. |
|  |  | **USE OF PAYMENT** |
|  |  | I certify that any payment of ERAP funds made directly to me for the purpose of paying rent on the household’s behalf will only be used for the intended purpose. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Landlord Certification** | | | | | | | |
| **Landlord Name** |  |  | **Signature** |  |  | **Date** |  |
|  |  |  |  |  |  |  |  |

Note: Landlord must attach a completed W-9 form to application

9/1/21