



Landlord Verification and Agreement for Program Participation

Tenant Customer Name: _____

Property Address: _____

Please complete the table below indicating the months and amounts past due:

Month	Rent Charge Type (i.e. late rent, late fees, court fees, etc.)	Amount Owed
	TOTAL	

Landlord Agreement:

I, (Landlord/organization name) _____ agree to accept the amount provided by _____ (agency name) for the above tenant to cover expenses back to April 1, 2020. I further agree to not increase the rent costs prior to receipt of 2021 CARES Rental Assistance Program payment or to evict the tenant for nonpayment for the months covered through this assistance program.

Landlord Signature

Date

Printed Landlord Name

Phone Number

Mailing Address

Email Address

_____ please initial The information on the W-9 is the information we use to process your check and must match the information on the Lease and Lorain County Auditor's report.