



Emergency Rental Assistance Program Landlord Application and Agreement

Thank you for applying for eviction prevention assistance through the City of Arlington (COA) on behalf of your tenant(s) listed below. In order to provide rental assistance, landlords must be willing to stop any eviction process in consideration of payment of outstanding rent and related fees. If you are interested in assisting the tenant(s) apply for this grant, please complete the following information.

NOTE: Tenants must complete a tenant application to be considered for assistance. Landlords may complete the tenant application on behalf of the tenant, but it must be signed by the tenant.

Name of Rental Property and Office Address (units must be within Arlington City limit):
Are you willing to accept rental assistance payments for the tenants listed below? The number of months assistance will depend on the individual tenant's eligibility.
<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide landlord or property manager contact information below:

Name of Landlord	
Mailing address	
City, State, Zip code	
Phone number	
Fax number	
Email address	

By accepting payment for the past due rent, you are certifying that the tenant(s) has met all financial obligations of their lease. In addition, you agree to continue to allow the tenant(s) to remain in the subject dwelling unit under the terms of the existing lease agreement.

I hereby certify that the below named tenant(s) or any member of the tenant's household is not related to the property owner, landlord or landlord's agent by blood or marriage and all of the information required as part of this application and agreement is true and correct.

The lease must not contain illegal language, terms or conditions and must comply with all current Federal and State requirements.

I hereby certify that I am not receiving payment for any rental units listed below on behalf of the subject tenant from any Federal, State or Local government agency or any other individual. If I do, I must return the funds to the agency.

If a tenant's application is approved, the landlord will be notified by the Housing Department.



If you will be a NEW Landlord with Arlington Housing, please provide the following items:

- Copy of signed lease agreement (if not already provided by the tenant)
- This completed and signed Landlord Application and Agreement
- Signed W-9
- Itemized invoice of amount owed per tenant (not a rental ledger)
- Direct deposit form

If you are a CURRENT Landlord with Arlington Housing, please provide the following items:

- This completed and signed Landlord Application and Agreement
- Itemized invoice of amount owed per tenant (not a rental ledger)

Email documents to EmergRent@arlingtonhousing.us or fax to 817-962-1204.

If you need assistance, please email or call 817-276-6727.

WARNING: It is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction (Section 1001 of Title 18, U.S. code). Funding provided under this program is from the U.S. Treasury.

Printed Name of Landlord

Date

Signature of Landlord

List tenant(s) that have unpaid rent. Provide additional page if more space is needed:

Name of Tenant	Address	Unit #	Monthly Rent Amount	Last Month Paid Rent

Date:

INVOICE

Landlord:

Tenant:

Address:

Address:

City, State, Zip

City, State, Zip

DESCRIPTION	AMOUNT
Rent: Month of	\$
Rent: Month of	\$
Rent: Month of	\$
Late Fees: Month of	\$
Late Fees: Month of	\$
Late Fees: Month of	\$
Water: Month of	\$
Water: Month of	\$
Water: Month of	\$
Gas: Month of	\$
Gas: Month of	\$
Gas: Month of	\$
Electric: Month of	\$
Electric: Month of	\$
Electric: Month of	\$
Trash: Month of	\$
Trash: Month of	\$
Trash: Month of	\$
Security Deposit:	\$
Other:	\$
Total:	\$

If you have any questions concerning this invoice, contact Name, Phone Number, Email

Landlord Signature: _____

Date: _____