



Homlessness Prevention Program Landlord Application and Agreement

This application and agreement is regarding your tenant, _____ who resides at:
(Tenant Name)

_____ Address _____ City _____ State _____ Zipcode

Your tenant (_____) has applied for assistance through the Arlington Housing Authority and has informed the Arlington Housing Authority, (AHA) you are their landlord. In order to provide eviction prevention assistance, the landlord must be willing to stop the eviction process in consideration of payment of outstanding rent. If you are interested in assisting _____ apply for this grant, the following documentation is required:
(Tenant name)

- ✓ Certification that the tenant is not related by blood or marriage
- ✓ Provide copy of signed lease agreement
- ✓ Provide a signed W-9
- ✓ Provide itemized invoice of amount owed
- ✓ Lease must not contain illegal language, terms or conditions and, must comply with all current Federal and State requirements.
- ✓ Must agree to allow the tenant to remain in the rental unit under the terms of the lease agreement
- ✓ Copy of Eviction Letter

Please complete the following information:

Rental Property Address: (Must be within Arlington City limit)	
Total Amount owed: \$	(please include itemized invoice)
Are you willing to waive late fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving rental assistance from any Local State or Federal Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Landlord	
Mailing address	
City, State, Zip code	
Contact Number	
Fax Number	

If the tenant's application is approved, you will be notified by the Homelessness Prevention Program Specialist and the past due amount will be mailed directly to you within three calendar days of notification of approval.

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By accepting payment for the past due rent, you are certifying that the tenant has met all financial obligations, and any late fees or other miscellaneous payments have either been waived or have been paid in full by the tenant. In addition, you agree to allow the tenant to remain in the unit under the terms of the existing lease agreement.

I hereby certify that the above named tenant or any member of 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 & agreement is true and correct. I also certify that I am not receiving payment for this rental unit on behalf of (tenant name) from any Federal, State or Local government agency.

Printed Name of landlord

Date

Signature of Landlord

Please **fax** a copy of lease, signed W-9, itemized invoice and a signed copy of this application & agreement to:
Shaylon Scott, Housing Specialist at 682-367-1025.

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)