



City of Everett Rental Assistance Program

Landlord Agreement

This agreement is made on _____ (“Date”) between the City of Everett and the undersigned landlord (“Landlord”). This agreement outlines the terms and conditions for participation in the City of Everett Rental Assistance Program (the "Program"), which provides financial assistance to tenants facing financial hardship.

1. Landlord Information

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

2. Tenant Information

Tenant Name(s): _____
Rental Property Address: _____

3. Payment Details

Amount of Assistance: \$2,000 (maximum)

Purpose of Assistance: The funds are to be applied directly to the tenant's rent, covering arrears, current rent, or future rent obligations.

4. Payment Method: Payment will be made directly to the Landlord in the form of a check.

5. Landlord Responsibilities The Landlord agrees to the following:

- To accept the payment from the Program as partial or full rent payment for the Tenant
- To provide a signed W-9 form along with this agreement.
- To confirm in writing within 30 days of receiving the payment that the funds were applied to the Tenant's rent.

6. Program Terms

The Landlord understands and agrees that the assistance provided is a one-time payment and does not constitute ongoing rental support. Participation in the Program does not preclude the Landlord from pursuing legal remedies for lease violations unrelated to non-payment of rent.

Certification and Signature By signing this agreement, the Landlord certifies that the information provided is true and accurate to the best of their knowledge and that the payment will be applied as described above.

Landlord Signature: _____
Date: _____

Contact Information

Office of Planning and Community Development
484 Broadway, Everett, MA 02149 Phone: 617-394-2452
Email: Everett-RentalAssistance@ci.everett.ma.us

FOR STAFF USE ONLY

Application received on:

City Staff Initial: