

CITY OF EVERETT RENTAL ASSISTANCE PROGRAM

AFFIDAVIT CONCERNING RENTAL AGREEMENT IN SUPPORT OF APPLICATION FOR ASSISTANCE

* TO BE COMPLETED BY THE TENANT

In support of the application of _____ (Applicant) for assistance made on _____ (Date) to the City of Everett Rental Assistance Program I hereby swear under the pains and penalties of perjury that I have personal knowledge of the following facts:

1. I reside in the residential unit located at _____.
2. I pay \$_____ per month for rent and I make the payment to _____.
3. The duration of the rental agreement is from _____ to _____.

Tenant Name:

Tenant Signature:

Date:



Department of Planning and Community Development
484 Broadway, Everett, MA 02149
T-617-394-2452 Email:ci.everett.ma.us



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*** TO BE COMPLETED BY THE LANDLORD**

In support of the application of _____ (Applicant) for assistance made on _____ (Date) to the City of Everett Rental Assistance Program I hereby swear under the pains and penalties of perjury that the information contained in this affidavit is true and correct to the best of my knowledge.

1. I receive payment of \$ _____ per month from _____ (Applicant) for use of the residential unit located at _____ (Property Address.)
2. I acknowledge and agree that as a condition of receiving rental assistance through the City of Everett Rental Assistance Program, I will accept partial payment of rent as necessary. The payment up to \$2000 may cover current rent, future rent, or arrears.
3. I understand that any such payments will be made directly to me on behalf of the applicant.

Landlord Name:

Landlord Signature:

Date:



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