

## City of Everett Rental Assistance Program

<b>Landlord Agreement</b>
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This agreement is made on( "Date") between t	he City of Everett and the undersigned landlord	
("Landlord"). This agreement outlines the terms and conditions f		
Assistance Program (the "Program"), which provides financial a		
Assistance Program (the Program ), which provides infancial a	ssistance to tenants facing infancial nardship.	
1. Landlord Information		
Name:Address:		
Phone Number:		
Email Address:		
2. Tenant Information		
Tenant Name(s):		
Rental Property Address:		
3. Payment Details		
Amount of Assistance: \$5,000 (maximum)		
Purpose of Assistance: The funds are to be applied directly to the	ne tenant's rent, covering arrears, current rent, or	
future rent obligations.	•	
4. Payment Method: Payment will be made directly to the Land	llord in the form of a check.	
<b>5. Landlord Responsibilities</b> The Landlord agrees to the follow	ing:	
<ul> <li>To accept the payment from the Program as partial or for</li> </ul>	all rent payment for the Tenant	
<ul> <li>To provide a signed W-9 form along with this agreement</li> </ul>	nt.	
<ul> <li>To confirm in writing within 30 days of receiving the page.</li> </ul>	ayment that the funds were applied to the Tenant's	
rent.		
6. Program Terms		
The Landlord understands and agrees that the assistance provide	d is a one-time payment and does not constitute	
ongoing rental support. Participation in the Program does not pre	eclude the Landlord from pursuing legal remedies	
for lease violations unrelated to non-payment of rent.		
Certification and Signature By signing this agreement, the Lar	idlord certifies that the information provided is true	
and accurate to the best of their knowledge and that the payment		
	••	
Landlord Signature:		
Date:		
<del></del>		
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:	
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