



Department of  
**Planning &  
Development**

**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:**



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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 \$5000 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:**