

DRAFT - Emergency Rental Assistance Participation Agreement

Several area municipal and private organizations have come together to fund this Emergency Rental Assistance Program. Its purpose is to assist households who have lost income due to the Covid-19 emergency and are at risk of losing their housing. The assistance is temporary.

Assistance is up to three months in duration and will be based on the number of bedrooms in your apartment. Payments will be made directly to the landlord.

Participating Household and Assisted Housing Unit:

Name			
Address			
Town			
Zip		Number of bedrooms:	
Phone & email			

During the term of the rental assistance, the rental unit must be the households' only residence. The tenant shall not assign or sublease the unit.

Applicant signature	
Applicant printed name	
Date	

This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, and all of which constitute one instrument. Signatures delivered in electronically-scanned, emailed PDF, facsimile, or similar format shall be effective.

Emergency Rental Assistance Program for:

Name			
Assisted Unit Address			
Monthly Rent Amount		Number of bedrooms:	

Landlord Contact Information

Name			
Mailing Address			
Town		Zip	
Phone & email			

Landlord certifies that monthly rent amount and bedroom count listed above is true and accurate to the best of their knowledge. Landlord must provide a W-9 form with this Agreement.

Landlord signature	
Landlord printed name	
Date	

Metro West Collaborative Development:

Rental Assistance payments in the amount of \$_____ will be mailed to the Landlord's address listed above beginning _____ and ending _____.

For Metro West CD signature	
Metro West CD contact Name & Email	
Date	

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