

**ACT 1: Emergency Rental and Utility Assistance Program (ERAP)**

**LANDLORD CERTIFICATION**

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. The tenant is at least one month in arrears of rental payments and is in danger of eviction or the tenant is a new tenant and is requesting funding to gain occupancy at this location:

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Check the statement that applies:

- I accept payment for said arrearage or occupancy.
- I refuse to participate and will not accept payment.

Monthly Rent: \$ \_\_\_\_\_

Rental Arrears: \$ \_\_\_\_\_

\_\_\_\_\_  
Property Management Company (If applicable)

\_\_\_\_\_  
Landlord Name (Print)

\_\_\_\_\_  
Tenant Name (Print)

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date