

**COVID-19 Homeless Prevention/Emergency Income Payment Program
Rental Assistance**

CERTIFICATION OF ARREARS

TO BE COMPLETED BY LANDLORD/RENTAL MANAGEMENT COMPANY

Tenant Name(s) _____

Rental Address _____

Monthly Contract Rent \$ _____

Rental Arrears \$ _____ for the months of _____ 2020

Late Fees \$ _____ for the months of _____ 2020

Total of Arrears and Late Fees \$ _____

Landlord/Rental Management Company Name _____

Agent (if applicable) _____

Address _____

Phone _____

Check made payable to (should match W-9) _____

Signature _____

Date _____

******* Copy of Executed Lease Agreement Must Be Attached *******