

**RENTAL ASSISTANCE AGREEMENT  
ESG/HOME ARP RR & HP**

**Owner/Landlord Information**

<b>Name of Payee</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone number</b>	
<b>Contact person/#</b>	

**Tenant Information**

<b>Name of Tenant(s)</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone number</b>	

**Housing Administrator/Agency**

<b>Name of Agency</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone number</b>	
<b>Contact Person/#</b>	

**Conditions and Terms of this Rental Assistance Agreement (Agreement):**

1. This Agreement begins (mm/dd/yy) \_\_\_\_\_ and ends (mm/dd/yy) \_\_\_\_\_.  
This Agreement will remain in effect until Agency provides written notice to Owner/Landlord (Owner) of its discontinuance of rental assistance.

<b>TOTAL OWED 1<sup>st</sup> Payment - Arrears</b>	<b>\$</b>	<b>List month(s)</b>
Rent owed (this month)		
Rent owed (past months)		
Late Utilities (as stated in lease)		

<b>Amount of Monthly Payment/ Total</b>	<b>\$</b>
Tenant Portion	\$
Housing Administrator/Agency Portion	\$
Utilities (as stated in lease)	\$
<b>Security Deposit</b>	<b>\$</b>

2. Agency will pay by the due date, \_\_\_\_\_, according to the lease.
3. In consideration of this Agreement, Owner will not commence or continue any proceeding to evict Tenant from the premises and will not charge or collect or accrue late fees, until Agency notifies Owner of its discontinuance of Rental Assistance. Further, Owner certifies that the amount owed will remain outstanding until receipt of funds from Agency and will not accept or apply payments from any other source regarding this cause or circumstance.
4. During the term of the agreement, the owner must give the recipient or subrecipient a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.
5. The rental assistance agreement with the owner will terminate and no further rental assistance payments under that agreement may be made if:
  - (i) The program participant moves out of the housing unit for which the program participant has a lease;
  - (ii) The lease terminates and is not renewed; or

(iii) The program participant becomes ineligible to receive rental assistance.

**Signatures:**

**Owner/Landlord's Representative**

\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Title of Signatory  
\_\_\_\_\_  
Date

**Agency Representative**

\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Title of Signatory  
\_\_\_\_\_  
Date