

Emergency Rental Assistance Program (ERAP)

LANDLORD CERTIFICATION

I certify that:

I am the owner or legal agent of the residence listed below. The renter is at least one month in arrears of rent payment and is in danger of eviction OR the renter is a new tenant and is requesting funding to gain occupancy at this location (not in Mifflin or Juniata Counties):

Address:

City/State/Zip:

_____ I accept payment for arrearage or occupancy

_____ I will not accept payment and do not choose to participate in program

Monthly rent amount: _____

Amount in arrears: _____

Landlord name	
Renter name	
Address of Landlord to mail payment	
Phone number landlord	
Email of landlord	

Landlord W9 MUST BE ATTACHED

AND

a copy of lease or written agreement that clearly outlines terms of occupation (name of tenants, address, length of occupancy and amount of monthly rent and items included in payment)

Landlord signature: _____