



Wicomico County Emergency Rental Assistance Program Application for Assistance



Section 7: Landlord Information (TO BE COMPLETED BY LANDLORD)

Note: Information in this section will be used for payments directly to landlords.

If tenant is the applicant and not able to provide landlord information when application is submitted, the program may follow up with the landlord directly to obtain additional documentation. If additional documentation is needed; file will be put aside until full documentation is received prior to processing and payment.

The landlord must sign the last page of the application and provide a copy of their W-9 form as a condition of accepting payment.

Applicant Name:

Co-Applicant Name:

Property Owner/Landlord Name:

Mailing Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Landlord Social Security Number, Tax ID Number or DUNS Number:

Total Number of Rental Units Owned:

Has the landlord started filed an eviction or Failure to Pay Rent case with the court? Yes No
If yes, explain and provide date of scheduled hearing:



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ERAP Landlord Certification Form

As the landlord for this rental unit and household, I: Agree to participate in the program
 Decline to participate in the program

Landlords who agree to participate in the program and receive payment directly from ERAP are required to meet the following terms and conditions. Initial next to each statement:

ACCURACY

I certify that all the information provided in the application is true and correct. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

FEE WAIVER

I agree to waive all late fees, interest, court fees, or other fees not included in monthly rent accrued by the tenant.

EXISTING EVICTION FILINGS

I agree to cancel/rescind all eviction filings currently pending against this tenant.

NEW EVICTION FILINGS

I agree not to file any new eviction cases for the duration of prospective rental assistance being provided through ERAP, or a minimum period of 30 days, whichever is longer.

LEASE RENEWAL

I agree to extend the tenant's lease or renew the lease if it has or is scheduled to expire prior to the end of the rental assistance being provided, but for a period no less than 90 days.

USE OF PAYMENT

I certify that any payment of ERAP funds made directly to me for the purpose of paying rent on the household's behalf will only be used for the intended purpose.

Landlord Certification

Landlord Name _____ Signature _____ Date _____

Note: Landlord must attach a completed W-9 form to application