



Long Beach CARES COVID-19 Emergency Rental Assistance Program

Program Participation-Payment Acceptance Agreement

Application Number: _____

Applicant (Tenant):
Tenant Address:

SECTION I (a) (THIS SECTION TO BE COMPLETED BY THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY)			
LANDLORD/LEGAL PROPERTY OWNER	MANAGEMENT COMPANY (if applicable)	TELEPHONE NUMBER	
LANDLORD/MANAGEMENT COMPANY EMAIL		CONTACT PERSON NAME	
ADDRESS	CITY	STATE	ZIP CODE
<p>City of Long Beach administers this program and has verified the lease/rental agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive Emergency Rental Assistance. City will issue monthly rental and/or monthly rental arrears payments directly to the landlord/property management company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. This agreement must be completed by the tenant and landlord/property management company and returned to the City in order to process the payment(s). Payment(s) will be issued on a monthly basis to the landlord. A completed <i>W-9, Request for Taxpayer Identification Number and Certification</i> will also be required to be completed by the Landlord/property management company – the W-9 will be sent to the landlord by City staff separately.</p>			

SECTION I (b) (THIS SECTION TO BE COMPLETED BY CITY STAFF)			
RENTAL ASSISTANCE PROVIDED Amount \$ _____	ANTICIPATED TERMS OF ASSISTANCE For _____ consecutive month beginning _____		
CITY STAFF NAME (PLEASE PRINT)	CITY STAFF SIGNATURE	DATE	TELEPHONE NUMBER

SECTION II - THIS SECTION TO BE COMPLETED BY THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY

The landlord (legal owner of the residence reference above) must complete this Section.

- I do not want to participate in the Long Beach CARES Emergency Rental Assistance Program;
or
- I would like to participate in the Long Beach CARES Emergency Rental Assistance Program. To receive payment, I will provide this signed agreement a W-9 Request for Taxpayer Identification Number and Certification.

TENANT'S MONTHLY RENT IS DUE ON THE _____ OF EACH MONTH. Is the tenant(s) current on rent payments?

- YES (If Yes, tenant may be eligible for future payments.)
- NO If no, amount of rent owed: \$ _____
If no, date last rent payment was received: \$ _____

LANDLORD/LEGAL OWNER'S NAME/MGT. COMPANY (PLEASE PRINT)			APPLICANT (TENANT) NAME (PLEASE PRINT)		
MAILING ADDRESS			PROPERTY ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

Is the tenant(s) of the residence listed above a relative of the landlord? YES NO

LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY CERTIFICATION

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the applicant does not reside at my property. If I receive a direct rent payment for a month that the applicant did not reside at my property, I shall remit to City of Long Beach an amount that represents the overpaid rent. To return such amounts or payments, I shall call City at (562) 570-6949 and mail payment to City of Long Beach Department of Development Services, 411 Ocean Boulevard, 3rd Floor, Long Beach, CA 90802. I must not cash a direct rent payment if the applicant has moved. I may be prosecuted if I commit fraud or knowingly assist an applicant to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments. I may not acquire rights to sue [Agency] for payment of rent or for a breach of any obligations by the tenant.

I also understand and certify that I receive no other subsidy and/or assistance from or on behalf of this applicant for full or partial monthly rental payment.

Rental assistance is limited and the duration of assistance as stated in Section 1 of this agreement. City will make every effort to make rental assistance payments as required by the lease agreement but will only be responsible for late fees due to administrative errors by City staff. I understand that assistance may be terminated if a participant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by the City. Examples non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

[CONTINUED ON NEXT PAGE]

In addition, I understand and agree that during the term of this agreement, I must give City 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.

THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY MUST SIGN AND DATE:

LANDLORD/LEGAL OWNER/MGT. CO. NAME (PLEASE PRINT)	LANDLORD/LEGAL OWNER/MGT.CO. SIGNATURE:	DATE:	TELEPHONE NUMBER:
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To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at longbeach.gov/lbds and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.