T-RAP OHC Payment Agreement Form - Version 1

**Instructions for T-RAP service provider:** Complete Sections 1 and 2 with head of household. T-RAP staff calculates Sections 3, 4, and 5. **Instructions for landlord if landlord is initiating application on behalf of tenant: “**Landlord” includes property manager/owner or other person authorized to seek rent payment, including friends/family Household completes Section 7 if initiated by Landlord.

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| 1. **Household/Tenant and Rental Information**
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| **Household ID** *(completed by T-RAP service provider)****:***  | **Date:** |
| Name: |
| Rental Address (street, city, state, zip code): |
| 1. **Other Housing Costs**
 |
| [ ] Mar ‘20$ | [ ] Apr ‘20$ | [ ] May ‘20$ | [ ] June ‘20$ | [ ] July ‘20$ | [ ] Aug ‘20$ | [ ] Sept ‘20$ | [ ] Oct ‘20$ | [ ] Nov ‘20$ |
| [ ] Dec ‘20$ | [ ] Jan ‘21$ | [ ] Feb ‘21$ | [ ] Mar ‘21$ | [ ] Apr ‘21$ | [ ] May ‘21$ | [ ] Jun ‘21$ | [ ] Jul ‘21$ | [ ] Aug ‘21$ |
| [ ] Sept ‘21$ | [ ] Oct ‘21$ | [ ] Nov ‘21$ | [ ] Dec ‘21$ | [ ] Jan ‘22$ | [ ] Feb ‘22$ | [ ] Mar ‘22$ | [ ] Apr ‘22$ | [ ] May ‘22$ |
| [ ] June ‘22$ | [ ] Jul ‘22$ | [ ] Aug ‘22$ | [ ] Sept ‘22$ | [ ] Oct ‘22$ | [ ] Nov ‘22$ | [ ] Dec ‘22$ |  |
| 1. **Total Payment to Landlord *(completed by T-RAP service provider, total of line 2 items being paid to landlord)***
 | **$** |
| 1. **Total Payment to Other Than Landlord *(completed by T-RAP service provider, total of line 2 items being paid to other than landlord)***
 | **$** |
| 1. **Total Other Housing Costs*****(completed by T-RAP service provider)*** Indicate below the months the household is requesting other housing costs. *Other costs must be related to housing and be incurred directly or indirectly due to COVID-19. Such expenses include relocation expenses, reasonable accrued late fees not associated with rent, and internet service provided to the rental unit. These expenses must be supported by source documentation.* ***Payment of internet should be in alignment with 8.2.2.2 in T-RAP guidelines.***
 | **$** |
| 1. **Landlord, property manager/owner, or person authorized to accept payment**
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| *As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will accept the program payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as full satisfaction of any* ***other housing costs*** *balance owed for the months paid by the program. No late fees or additional charges will be made for the months covered after I receive the T-RAP Payment.* |
| *Landlord Print Name/Signature/Date:*

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| 1. **Household Signature\*** *(Required when landlord initiates assistance. This can be obtained by the landlord or service provider.*

*Electronic signatures, or verbal/electronic verifications are allowable.)* |
|  *Household Signature/Date:*  | *Verbal/Electronic Verification (check box)/ Date:* [ ]  |

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