Washington State Department of Commerce

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.

1. Household/Tenant and Rental Information

Household ID *(completed by T-RAP service provider)*:	**Date:**
Name:	
Rental Address (street, city, state, zip code):	

2. 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 $		

3. Total Payment to Landlord ***(completed by T-RAP service provider, total of line 2 items being paid to landlord)***	**$**
4. Total Payment to Other Than Landlord ***(completed by T-RAP service provider, total of line 2 items being paid to other than landlord)***	**$**
5. 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.***	**$**

6. Landlord, property manager/owner, or person authorized to accept payment

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:
7. 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:* ☐