



CITY OF CARSON
EMERGENCY RENTAL ASSISTANCE PROGRAM
Program Participation-Payment Acceptance Agreement

Applicant Tenant:
Tenant Address:

SECTION I - COMPLETED BY CITY STAFF

Landlord/Legal Property Owner	Management Company (if applicable)
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Address	City	State	Zip
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Email	Phone
<p>City of Carson, hereafter referred to as City, 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 and a completed <i>W-9, Request for Taxpayer Identification Number and Certification</i> must be completed by the landlord/property management company and returned to the City staff in order to process the payment(s). Payment(s) will be issued on a monthly basis to the landlord as defined below:</p>	

RENTAL ASSISTANCE PROVIDED Amount \$ _____	ANTICIPATED TERMS OF ASSISTANCE For _____ consecutive month beginning _____
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CITY STAFF NAME (PRINT)	CITY STAFF SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION II - COMPLETED BY THE APPLICANT TENANT

I UNDERSTAND AND CERTIFY THAT: In no case is my landlord entitled to a payment for a month that I did not reside at their property. I understand that I may be prosecuted if I commit fraud or knowingly assist my landlord to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive rent payments on my behalf from the City. I may not acquire rights to sue [City] for payment of rent (or the balance of rent) or for a breach of any obligations by the landlord.

I also understand and certify that I receive no other housing rental subsidy and/or assistance for full or partial monthly rental payment from any other government entity.

I further understand that this rental assistance may not be in the full amount of my monthly rental payment, and the difference between the City's assistance and my actual rent amount is still my responsibility to pay to my landlord.

I understand that rental assistance is limited and the duration of assistance is 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 not 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 of non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

I further understand that the information provided on my application forms is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statements to a Department of the United States Government.

APPLICANT (TENANT) NAME (PRINT):

ADDRESS	CITY	STATE	ZIP
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APPLICANT (TENANT) SIGNATURE:

DATE:

TELEPHONE NUMBER:

SECTION III - 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 City of Carson Emergency Rental Assistance Program; or
- I would like to participate in the City of Carson Emergency Rental Assistance Program. To receive payment, I will provide this signed agreement and a W-9 Request for Taxpayer Identification Number and Certification.

TENANT'S MONTHLY RENT IS DUE ON THE _____ OF EACH MONTH.

LANDLORD/LEGAL OWNER'S NAME/MGT. COMPANY (PRINT)

MAILING ADDRESS	CITY	STATE	ZIP
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APPLICANT (TENANT) NAME (PRINT)

PROPERTY ADDRESS	CITY	STATE	ZIP
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SECTION IV: 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 an amount that represents the overpaid rent. To return such amounts or payments, I shall call City at (310) 233-4829 and mail payment to City at 701 E. Carson Street, Carson, CA 90745. 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 [City] 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 not 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.

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.

I further understand that the information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a Department of the United States Government.

LANDLORD INITIAL: _____

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

LANDLORD/LEGAL OWNER/MGT. CO. NAME (PRINT):

LANDLORD/LEGAL OWNER/MGT. CO. SIGNATURE:

DATE:

TELEPHONE NUMBER: