



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

Applicant Tenant:	
Tenant Address:	

SECTION I - 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 Hawthorne Emergency Rental Assistance Grant Program; or
- I would like to participate in the City of Hawthorne Emergency Rental Assistance Grant Program. To receive payment, I agree to waive any late fees and interest for the approved applicant; not file for eviction equal to the total number of months that rent is being paid; and 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 II: 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) 349-1603 and mail payment to City at 4455 W. 126th Street, Hawthorne, CA 90250. 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 Hawthorne 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 payments.

I also understand and certify that all late fees and interest will be waived for this applicant.

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.

In addition, I understand and agree that during the term of this agreement, I must not commence an eviction action against the program applicant for a duration not to exceed the total number of months that rent is being paid for on behalf of the applicant. 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: