

**COUNTY OF LOS ANGELES
COVID-19 RENT RELIEF ASSISTANCE PROGRAM
Property Owner Program Participation-Payment Acceptance Agreement**

Tenant:
Tenant Address:

SECTION I - COMPLETED BY THE PROPERTY OWNERS

The Property Owner (legal owner of the residence referenced above) must complete this Section.

I would like to participate in the County of Los Angeles COVID-19 Rent Relief Assistance Program (Program). To receive payment, I will provide this signed Program Participation-Payment Acceptance Agreement (Agreement) and a W-9 Request for Taxpayer Identification Number and Certification

Please check this box if the tenant has provided notice that they are unable to pay rent due to economic impact of COVID-19 and is now seeking rental assistance.

PROPERTY OWNER'S NAME (PLEASE PRINT)

MAILING ADDRESS	PROPERTY ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

PROPERTY OWNER

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the Tenant does not reside at my Property Address. If I receive a direct rent payment for a month that the Tenant did not reside at the Property Address, I shall remit to Los Angeles County Development Authority, hereafter referred to as LACDA, an amount that represents the overpaid rent. To return such amounts or payments, I shall call LACDA at (626) 586-1760, and mail payment to LACDA-700 W. Main Street, Alhambra, CA 91801. I must return a direct rent payment to the LACDA if the Tenant has moved. I understand that if I falsely represent the amount of monthly rent, amount of rent due or the number on months past due in order to receive this payment, I may be committing fraud. I may be prosecuted if I commit fraud or knowingly assist a Tenant to commit fraud. I understand that making a false statement or providing false information is subject to civil and criminal penalties, including confinement and fines under the laws of the State of California (including but not limited to California Penal Code § 115, 118, 487, & 532 and Welfare and Institution Code § 11054) and the laws of the United States of America (including but not limited to 18 U.S. Code 1001). Criminal charges may include but are not limited to: perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments and may be subject to other penalties imposed by Federal, State and/or local law. I may not acquire rights to sue County of Los Angeles or LACDA for payment of rent or for a breach of any obligations by the Tenant. I agree to comply with federal, state and local governing law regarding non-payment of rent, eviction, and rent increases as to this Tenant.

I also understand and certify that:

- I have not received any other subsidy and/or assistance from or on behalf of this Tenant for full or partial monthly rental payment(s).
- I have received the following subsidy and/or assistance from on or behalf of this Tenant for full or partial monthly rental payment(s)

Month	Amount	Organization/Agency

I agree to receive rent payments from LACDA for the following month(s):

Monthly Rent: \$ _____ Number of Months Past Due and unpaid since March 1, 2020: _____

Total Past Due and unpaid Rent: \$ _____ Which Months Past Due and unpaid? _____

Month	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

I will provide Tenant with a written receipt, indicating the months and amounts that the Tenant has directed me to credit the rent owed during the period of March 1, 2020 through December 31, 2021. Tenant(s) will be released from any remaining obligation for any past due or future rent for which the rental assistance is received.

The rental assistance is limited to the covered period of March 1, 2020 through December 31, 2021. There can be no duplication of rent. I understand that assistance may be terminated if it is determined I am or Tenant(s) were no longer eligible, never eligible, or failed to submit all required documents.

THE PROPERTY OWNER MUST SIGN AND DATE:

PROPERTY OWNER NAME (PLEASE PRINT)	PROPERTY OWNER SIGNATURE:	DATE:	TELEPHONE NUMBER:
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PLEASE COMPLETE AND SUBMIT THE ATTACHED W-9 Request for Taxpayer Identification Number and Certification

SECTION II - COMPLETED BY AGENCY STAFF

PROPERTY OWNER(s) _____ TELEPHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

The _____, administers this Program and has verified the lease/agreement and other eligibility documentation by the Tenant and Landlord identified above and determined that this household is eligible to received Rent Relief Assistance Program. This Rent Relief Assistance Program is funded by the County through the federal CARES Act funding and provides monthly rental and/or monthly rental arrears payments directly to the Landlord/Legal Owner on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. LACDA will issue these rent assistance payments on behalf of the Tenant to the Property Owner for the rent owed by the Tenant. This Agreement and a completed *W-9, Request for Taxpayer Identification Number and Certification* must be returned to the _____ in order to process the payment(s). Payment(s) will be issued to the Property Owner.

RENTAL ASSISTANCE PROVIDED
Amount \$ _____

ANTICIPATED TERMS OF ASSISTANCE

Agency STAFF NAME (PLEASE PRINT)	Agency STAFF SIGNATURE	DATE	TELEPHONE NUMBER
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