

## Expanded COVID-19 Rent Relief Program Transmittal Form (MaineHousing Assisted Projects)

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

# of Households Eligible: \_\_\_\_\_ Total Amount of Assistance Requested: \$\_\_\_\_\_

WIRE TO: Bank Name: \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Account Name: \_\_\_\_\_

**ATTACHMENTS:** Signed Rent Relief Application/Affidavit for each of the above Households  
Rent Roll for months included in the attached Rent Relief Application/Affidavits

The undersigned certifies as follows:

1. The information set forth above and in the attachments is true and correct.
2. Owner/Manager agrees not to accept more than \$3,000 in aggregate for any household's unit, not including any funding received under MaineHousing's previous \$500 rent relief program.
3. The amount of assistance received on behalf of each household will be credited as set forth in that household's attached completed and signed Rent Relief Application/Affidavit.
4. In return for the Rent Relief assistance, the undersigned agrees not to evict participating tenants for non-payment of any remaining balance of their rent for any month to which Rent Relief assistance is applied.

OWNER/MANAGER

Date: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_