

# HOTEL EMERGENCY RENTAL ASSISTANCE AGREEMENT

Hotel's Agent: \_\_\_\_\_ (“Hotel”)  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**1. Emergency Rental Assistance.** Hotel hereby agrees to accept Emergency Rental Assistance (ERA) Funds for eligible households who have been displaced from their primary residence or do not have a permanent residence elsewhere. Hotel will provide a hotel room for eligible households at Hotel's location: Hotel Address: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Cost.** Hotel will provide weekly/monthly invoices detailing the nightly room costs for eligible households, which will include identifying information of the eligible household for reporting purposes. **The ERA Program will pay up to the government rate.**

**3. Application of Funds.** Hotel understands payment must be applied to the costs (including any late fees) noted in this Agreement. Hotel understands that eligible households may apply for additional funds up to 12 months of total cost.

**4. Occupancy.** Hotel understands and agrees that if an eligible household no longer occupies a room for any months in which Hotel received ERA Funds, Hotel must repay the ERA Funds to the Community Action Agency.

**5. No Other Governmental Rental Assistance.** Hotel understands and agrees that the ERA funds may not be applied to costs that have been or will be reimbursed under any other federal assistance program. If the eligible household receives state or federal rental assistance, the eligible household is applying only for the eligible household's portion of the rent.

**6. Removal of Eligible Household.** Hotel agrees not to take any action to remove eligible household from the eligible household's room for non-payment for any time period in which Hotel is paid from this Program unless otherwise permitted by law.

**7. Notification to Eligible Household.** Hotel will provide Eligible Household with a copy of this Agreement.

**8. Incidentals.** Payments made to Hotel do not include expenses incidental to the charge for the room or damages.

**9. W-9.** Hotel: \_\_\_\_\_ is submitting a W-9 with this Agreement; or  
\_\_\_\_\_ previously submitted a W-9 to the Community Action Agency in  
connection with COVID-19 rental assistance.

**10. Direct Deposit.** Please indicate if you would like to receive payments on behalf of the Eligible Households by direct deposit: Yes \_\_\_\_\_ No \_\_\_\_\_

**11. Fraud Hotline.** If you are worried that someone you know has applied for this program and doesn't really need help, you can contact the Maine State Auditor's Fraud Hotline at (207) 624-6250

to make a report. MaineHousing also reserves the right to randomly select eligible household applications and request supporting documentation to check for program eligibility.

**ATTESTATION**

I certify, attest, and affirm under penalty of perjury that the information I have submitted in connection with this Agreement is complete and accurate to the best of my knowledge and belief. I authorize the US Department of Treasury, the Maine State Housing Authority, and the State of Maine to verify and investigate such information with my full cooperation at any time. I understand that providing false or misleading statements or omissions to the United States Government, the Maine State Housing Authority, and the State of Maine, on this Agreement may result in federal, state, and local criminal and civil actions for fines, penalties, damages or imprisonment.

Entity Name: \_\_\_\_\_

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

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

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

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

# Emergency Rental Assistance

## Community Action Agency and Cultural Based Organization contacts

Please submit your completed application and accompanying documentation to the Community Action Agency serving your local area, or appropriate Cultural Based Organization, listed below.

<p><b>ANDROSCOGGIN AND OXFORD COUNTIES AND TOWN OF BRUNSWICK</b> <b>Community Concepts, Inc.</b> 240 Bates Street Lewiston, ME 04240 Tel. 1-800-866-5588 Fax 207-784-6882 Email: <a href="mailto:rentrelief@community-concepts.org">rentrelief@community-concepts.org</a></p> <p><b>Immigrant Resource Center of Maine</b> 265 Lisbon Street, Suite 2 Lewiston, ME 04240 Tel. 207-753-0061 Email: <a href="mailto:housing@ircofmaine.org">housing@ircofmaine.org</a></p> <p><b>AROOSTOOK COUNTY</b> <b>Aroostook County Action Program</b> 771 Main Street P.O. Box 1116 Presque Isle, ME 04769-1116 Tel. 207-764-3721 Fax 207-768-3021 E-mail: <a href="mailto:rentrelief@acap-me.org">rentrelief@acap-me.org</a></p> <p><b>CUMBERLAND COUNTY - EXCEPT FOR THE TOWN OF BRUNSWICK</b> <b>The Opportunity Alliance</b> 190 Lancaster Street, Suite 310 Portland, ME 04101 Tel. 207-553-5937 ext 1 Fax 207-842-3634 Email: <a href="mailto:rentrelief@opportunityalliance.org">rentrelief@opportunityalliance.org</a></p>	<p><b>LINCOLN AND SAGADAHOC COUNTIES</b> <b>Midcoast Maine Community Action</b> 34 Wing Farm Parkway Bath, ME 04530 Tel. 207-442-7963 Fax 207-442-0122 Email: <a href="mailto:rentrelief@mmcacorp.org">rentrelief@mmcacorp.org</a></p> <p><b>KNOX, PENOBSCOT AND PISCATAQUIS COUNTIES</b> <b>Penquis Community Action Program</b> 262 Harlow Street P.O. Box 1162 Bangor, ME 04402-1162 Tel. 207-307-3344 Fax 207-973-3699 E-mail: <a href="mailto:rentrelief@penquis.org">rentrelief@penquis.org</a></p> <p><b>WALDO COUNTY</b> <b>Waldo Community Action Partners</b> 9 Field Street P.O. Box 130 Belfast, ME 04915-0130 Tel. 207-338-6809 Fax 207-338-6812 Email: <a href="mailto:rentrelief@waldocap.org">rentrelief@waldocap.org</a></p> <p><b>WASHINGTON AND HANCOCK COUNTIES</b> <b>Downeast Community Partners</b> 248 Bucksport Road Ellsworth, ME 04605 Tel. 207-664-2424 Fax 207-664-2430 Email: <a href="mailto:rentrelief@downeastcommunitypartners.org">rentrelief@downeastcommunitypartners.org</a></p>
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**FRANKLIN COUNTY****Western Maine Community Action**

P.O. Box 200

East Wilton, ME 04234-0200

Tel. 207-860-4470

Fax 207-645-3270

Email: [info@wmca.org](mailto:info@wmca.org)

**KENNEBEC AND SOMERSET  
COUNTIES****Kennebec Valley Community Action  
Program**

101 Water Street

Waterville, ME 04901

Tel. 207-859-1500 or 1-800-542-8227

Fax 207-873-3812

Email: [rentrelief@kvcap.org](mailto:rentrelief@kvcap.org)

**YORK COUNTY****York County Community Action Corp.**

6 Spruce Street

P.O. Box 72

Sanford, ME 04073

Tel. 207-206-1263

Fax 207-459-2828

Email: [rentrelief@yccac.org](mailto:rentrelief@yccac.org)

**ProsperityME**

175 Lancaster Street, Suite 216

Portland, ME 04101

Tel: 207-797-7890

Email: [rentrelief@prosperityme.org](mailto:rentrelief@prosperityme.org)

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