

LANDLORD EMERGENCY RENTAL ASSISTANCE APPLICATION & ATTESTATION

Landlord or Landlord's Agent: _____ ("Landlord")
Phone number: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

1. Tenant. Landlord is seeking rental assistance for the following tenant's household ("Tenant"):

First Name: _____ Last Name: _____
Phone number: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Are you submitting an application on behalf of your tenant? Yes _____ No _____

2. Unit. Tenant rents a rental unit ("Tenant's Unit") from Landlord located at:

Rental Address: _____ Unit # _____
City: _____ State: _____ Zip Code: _____

3. Rent. Tenant pays Landlord \$ _____ per month in rent.

Provide the lease.

If you do not have a lease, provide proof you own the unit (such as a deed or tax bill) or proof you are the landlord's agent (such as a management agreement).

4. Past Due Rent. Tenant owes Landlord the following past due rent, including utilities paid directly to Landlord, from March 13, 2020 through the application date: \$ _____

This amount include amounts due for each of the following months: _____
_____. (Late fees are permitted only if legal and included in an existing lease.)

5. Application of Funds. Landlord understands payment must be applied to the rent (including any utilities and late fees) noted in this application. Landlord understands that Tenant may apply for additional rent up to three months at a time and up to 12 months of total past and future rent.

6. No Other Governmental Rental Assistance. The above rent amounts have not been and will not be paid by any other governmental rental assistance.

7. No Rent Increase or Eviction for Nonpayment. Landlord agrees not to take any action to evict Tenant for nonpayment of rent or any related costs for any months from March of 2020 to date or for any months they are paid from this program. Landlord also agrees not to increase Tenant rent greater than 5% within a 12-month period. If Tenant is or becomes a tenant at will, Landlord agrees not to initiate a no-cause eviction during the months Landlord is paid by the Emergency Rental Assistance Program.

8. Notification to Tenant. Landlord will provide Tenant with a copy of this application.

9. W-9. Landlord: _____ is submitting a W-9 with this Landlord Application & Attestation; 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 rent payments on behalf of the Tenant 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 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 Application & Attestation 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 Application & Attestation may result in federal, state, and local criminal and civil actions for fines, penalties, damages or imprisonment.

I understand and agree that if Tenant no longer occupies the Tenant Unit for any months I am paid rental assistance, I must repay the rental assistance to the Maine State Housing Authority. I further understand and agree that funds received under the Emergency Rental Assistance Program may not be applied to costs that have been or will be reimbursed under any other federal assistance program.

I have read and understand this attestation.

Landlord is signing this Application & Attestation by electronically completing the information below or by providing a wet signature.

If Landlord is an individual, sign here:

Printed Name: _____ Date: _____

If Landlord is an entity, sign here:

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

**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

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

ProsperityME

175 Lancaster Street, Suite 216

Portland, ME 04101

Tel: 207-797-7890

Email: rentrelief@prosperityme.org

MaineHousing Nondiscrimination Policy: MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Lauren Bustard, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330-6046, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.