



## Emergency Rental Assistance Program Landlord Verification Form

Instructions: Property Owners or Property Managers should send this completed form along with the owner's W-9 form and ACH form (if EFT desired) by email to [eraplandlords@bcacha.org](mailto:eraplandlords@bcacha.org), fax to (208) 345-4909, or mail to Boise City/Ada County Housing Authorities Attn: ERAP Landlords 1001 S. Orchard St. Boise, ID 83705.

Owner Name: \_\_\_\_\_ Landlord/Property Manager Name: \_\_\_\_\_

Property Manager's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Date Next Payment Due: \_\_\_\_\_ Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Is the tenant in arrears?  Yes  No If yes, how much does the tenant owe \$ \_\_\_\_\_

| Month | Rent | Late Fees | Other ( ) | Total |
|-------|------|-----------|-----------|-------|
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |

| Month | Rent | Late Fees | Other ( ) | Total |
|-------|------|-----------|-----------|-------|
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |
|       | \$   | \$        | \$        | \$    |

Are you currently receiving any other form of rental assistance for this household?  Yes  No

If yes, how much have you received? \$ \_\_\_\_\_ For what months? \_\_\_\_\_

How do you wish to receive payment?

**Electronic Funds Transfer-** *(Must complete ACH form and provide copy of voided check. In order to allow for pre-authorization from the bank for direct deposit, the first payment will be made by check)*

**Check-** *(Checks and 1099's will be issued in the name of and mailed to the address on the W-9 h*

### CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE, INCOMPLETE OR INACCURATE INFORMATION IS PUNISHABLE UNDER FEDERAL OR STATE LAWS AND MAY RESULT IN PROSECUTION AND REPAYMENT OF ASSISTANCE.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I HAVE NOT RECEIVED RENT PAYMENTS, FROM ANY OTHER PROGRAM, THAT COVERS THE RENT LISTED ABOVE. THE UNDERSIGNED AGREES THAT THEY WILL NOT EVICT THE TENANT FOR NON-PAYMENT OF RENT, OR IN ANY WAY ASK THE TENANT TO LEAVE (FOR NON-PAYMENT OF RENT) FOR THE DURATION OF THIS ASSISTANCE. THE UNDERSIGNED AGREES THAT IF THE TENANT IS FACING EVICTION, THE UNDERSIGNED WILL ONLY ACCEPT PAYMENT ARREARS IF THE EVICTION WILL BE AVOIDED. BY COMPLETING AND SUBMITTING THIS FORM I ACKNOWLEDGE THAT MY TYPED NAME SHALL HAVE THE SAME LEGAL VALIDITY AND ENFORCEABILITY AS AMANUALLY EXECUTED SIGNATURE TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_)

