

NATICK AFFORDABLE HOUSING TRUST

COVID-19 Emergency Rental Assistance Program

Emergency Rental Assistance Participation Agreement

The Natick Affordable Housing Trust has funded this COVID-19 Emergency Rental Assistance Program. Its purpose is to assist households who have lost income due to the COVID-19 emergency and are at risk of losing their housing. The assistance is TEMPORARY.

Assistance is up to three (3) months in duration and will be based on the number of bedrooms in your apartment. Payments will be made directly to the landlord.

Participating Household and Assisted Housing Unit:

<i>Name</i>			
<i>Address</i>			
<i>Town</i>			
<i>Zip</i>		<i>Number of bedrooms:</i>	
<i>Phone & email</i>			

During the term of the rental assistance, the rental unit must be the households' only residence. The tenant shall not assign or sublease the unit.

<i>Applicant signature</i>	
<i>Applicant printed name</i>	
<i>Date</i>	

NATICK AFFORDABLE HOUSING TRUST

COVID-19 Emergency Rental Assistance Program

Emergency Rental Assistance Program for:

<i>Name</i>			
<i>Assisted Unit Address</i>			
<i>Monthly Rent Amount</i>		<i># of bedrooms:</i>	

Landlord Contact Information

<i>Name</i>			
<i>Mailing Address</i>			
<i>Town</i>		<i>Zip:</i>	
<i>Phone & email</i>			

Landlord certifies that monthly rent amount and bedroom count listed above is true and accurate to the best of their knowledge. Landlord must provide a W-9 form with this Agreement.

<i>Landlord signature</i>	
<i>Landlord printed name</i>	
<i>Date</i>	

Natick Service Council (on behalf of Natick Affordable Housing Trust):

Rental Assistance payments in the amount of \$_____ will be mailed to the Landlord's address listed above beginning _____ and ending _____.

<i>For Natick Service Council signature</i>	
<i>Natick Service Council contact Name & Email</i>	
<i>Date</i>	