

**VT State Housing Authority (VSHA)
COVID-19 Rental Housing Stabilization Program
Landlord Certification of Need for Rental Assistance**

Landlord Name: _____

Tenant(s) Name: _____

Rental Address with Unit Number: _____

City, State, Zip: _____

Landlord Phone Number: _____ Landlord Email: _____

Monthly Rent Amount \$ _____ Rent Arrears \$ _____ Number of bedrooms in unit: _____

Check the Group that most accurately describes the situation and fill in details as appropriate:

___ I have not received my full monthly rent for the above named tenant (including an agreed reduced or postponed rent) from the date of _____ through _____, which resulted in lost rent totaling \$ _____. In accepting rent in that amount, I agree not to evict for nonpayment for a time equivalent to the above period.

___ I believe the above-named tenant could afford to pay and did not, so I will accept ½ of past due rent and proceed with eviction after the state moratorium is lifted. I understand tenant will be notified and may object.

LANDLORD CERTIFICATION:

- The dwelling unit referenced on this form is operated and maintained in compliance with Vermont Rental Housing Code, or I will bring the unit into compliance within 30 days https://www.healthvermont.gov/sites/default/files/REG_Rental_Housing_Code.pdf
- If applicable, I have received a copy of the tenant's application/certification form listing needed repairs.
- Funds received in excess of the actual amount due and received for the purpose of stabilizing the rent for the above-mentioned property and tenant(s) will be returned to the appropriate agency.
- I will waive contract rent in excess of VSHA payment standards for the months' rent was in arrears.
- I will waive late fees.
- I will not increase the contract rent before January 1, 2021.
- I will waive eviction for cause that arose prior to receipt of this payment.
- I will not take action to evict for nonpayment of rent for the time period in the box checked above, or while an application for rent arrears is pending.
- I will not discriminate against the tenants on the basis of race, color, national origin or ethnicity, religion, disability, minor children, sex, gender identity, sexual orientation, abuse, sexual assault or stalking, age, receipt of public assistance, or marital status.
- I am sending IRS W-9, the VSHA Direct Deposit form and a voided check with this completed application.

I hereby declare that the above information is true and accurate to the best of my knowledge and belief.

Landlord Signature: _____ Date: _____

For VSHA use only:

Application number _____ Date payment made _____, amount of payment \$ _____, Group _____.