### **CERTIFICATION OF LANDLORD/TENANT RELATIONSHIP**

USE THIS FO	RM ONLY IF	THERE IS NO	WRITTEN LEASE

Part I – Lease Information	
Head of Household's Name:	
Other Household Members 18 & Over:	
Landlord's Name (name where rent is sent):	
Landlord's Address:	
Landlord's Phone Number:	
Landlord's Email Address (if any):	
Rental Property Address:	(the "Property")
How long have you rented the Property:	
se Start Date: Lease End Date:	
Monthly Rent Payment	
Are any utilities included in your rent payment? Yes	No If yes, list which utilities are included:
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# Are you behind in rent: Yes No If yes, how much rent is past due \$\_\_\_\_\_?

#### Part II – Attachments

If Landlord agrees to execute this form below, one of the following documents must be attached to this Certification:

- Evidence that the Landlord owns the property (deed, tax ticket, other proof of ownership); or
- Evidence the Management Company is authorized to manage the property (property management agreement)

If Landlord does not agree to execute this form below, the following documents must be attached to this Certification:

Evidence of Rent payments (may include bank statements, cleared or cancelled checks, or otherdocumentation that reasonably evidences a pattern of paying rent)
(i) paid by tenant to the Landlord listed in the application; and (ii) for a period of 3 or more months since January 1, 2020.

And

• Evidence Utility Payments (may include bank statements, cleared or cancelled checks, or other documentation that reasonably evidences a pattern of paying

utilities) (i) paid at the address listed on the application, (ii) for a period of 3 or more months since January 1, 2020; (iii) utility invoice must be dated within thirty days of the application date; and (iv) fully completed Tenant's Certification of Lease.

## Part III – Signatures

#### Head of Household

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an actof fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the MRAP Program and other remedies available under applicable law.

Signature of Head of HouseholdPrinted Name of Head of HouseholdDate

Landlord (if Landlord agrees to sign)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an actof fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the MRAP Program and other remedies available under applicable law.

Signature of Landlord

Printed Name of Landlord

Date