

October/November/December COVID-19 Rent Relief Owner/Agent Agreement & Acknowledgement

Owner/Agent: _____
Phone number: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Name of tenant applying for COVID-19 Rent Relief: _____ (“Tenant”)

1. Tenant rents a rental unit (“Tenant’s Unit”) from Owner/Agent located at: Rental Address: _____
_____ Unit #: _____ City: _____ State: Maine Zip Code: _____
2. Tenant pays monthly rent to Owner/Agent in the amount of \$_____ per month. Consistent with Tenant’s application, Owner/Agent agrees to apply Rent Relief funds to Tenant’s current and past due rent as follows:
\$_____ (\$1,000 max) for the month of October
\$_____ (\$1,000 max) for the month of November
\$_____ (\$1,000 max) for the month of December
Owner/Agent agrees not to evict Tenant’s household for failure to pay full rent for any month the funds are applied.
3. Tenant is not assisted with a Section 8 voucher or other governmental rental assistance.
4. Owner/Agent agrees to accept no more than \$1,000 per month in COVID-19 Rent Relief Program payments for Tenant’s Unit.
5. Owner/Agent is: submitting a W-9 with this Agreement and Acknowledgement or
 previously submitted a W-9 to the Community Action Agency in connection with COVID-19 rent relief
6. Under penalties of perjury, the forgoing information is true and correct.

Owner/Agent is signing this Agreement and Acknowledgement by electronically completing the information below or by providing a wet signature.

If Owner/Agent is an individual sign here:

Date: _____ Name: _____

If Owner/Agent is an entity sign here:

Date: _____ Entity Name: _____
By: _____
Printed Name: _____
Its: _____

Please submit completed form to:
YCCAC
6 Spruce St. PO Box 72
Sanford, ME 04073
or email rentrelief@yccac.org
or fax to (207) 490-5023