



T-RAP Rent Payment Agreement Form for Past Arrears* – Version 2

*This form can be used when paying arrears to a past landlord.

Instructions for T-RAP service provider if tenant is applying: Complete Sections 1 and 2 with head of household. T-RAP staff calculates Section 3 and determines Section 4. T-RAP staff calculates sections 3 and 4. Contact landlord to complete Section 5.

Instructions for landlord if landlord is initiating on behalf of tenant: "Landlord" includes property manager/owner or other person authorized to seek rent payment, including friends/family. Landlords complete only Sections 1, 2, and 5. (T-RAP service provider completes 3 and 4). The T-RAP service provider will contact the tenant to determine eligibility. Household must complete Section 6 if application initiated by Landlord or if payment is made directly to household*. Submitting this form does not guarantee payment.

1. Household/Tenant and Rental Information									
Household ID (completed by T-RAP service provider):						Date:			
Name:									
Rental Address (street, city, state, zip code):									
Number of bedrooms in rental unit: <i>If a shared living situation with friend/family, how many bedrooms is the household/tenant paying for? If only paying for a "sleeping space," indicate "1."</i>									
2. Rent Request									
a. What is the tenant's monthly rent/lease amount? <i>Utility costs embedded in the total rent amount and separately stated utility amounts in the lease will be included in the rental payment.</i>							Rent: \$		
b. Indicate below the months the household/tenant rent is past due and the future rent to be paid. <i>Assistance cannot be provided for arrears that were accrued before March 13, 2020. March arrears must be prorated from March 13 to the end of the month. Up to three months future rent is allowable. See guidelines for more information on future rent.</i>									
<input type="checkbox"/> Mar '20 \$	<input type="checkbox"/> Apr '20 \$	<input type="checkbox"/> May '20 \$	<input type="checkbox"/> June '20 \$	<input type="checkbox"/> July '20 \$	<input type="checkbox"/> Aug '20 \$	<input type="checkbox"/> Sept '20 \$	<input type="checkbox"/> Oct '20 \$	<input type="checkbox"/> Nov '20 \$	
<input type="checkbox"/> Dec '20 \$	<input type="checkbox"/> Jan '21 \$	<input type="checkbox"/> Feb '21 \$	<input type="checkbox"/> Mar '21 \$	<input type="checkbox"/> Apr '21 \$	<input type="checkbox"/> May '21 \$	<input type="checkbox"/> Jun '21 \$	<input type="checkbox"/> Jul '21 \$	<input type="checkbox"/> Aug '21 \$	
<input type="checkbox"/> Sept '21 \$	<input type="checkbox"/> Oct '21 \$	<input type="checkbox"/> Nov '21 \$	<input type="checkbox"/> Dec '21 \$	<input type="checkbox"/> Jan '22 \$	<input type="checkbox"/> Feb '22 \$	<input type="checkbox"/> Mar '22 \$	<input type="checkbox"/> Apr '22 \$	<input type="checkbox"/> May '22 \$	
<input type="checkbox"/> Jun '22 \$	<input type="checkbox"/> Jul '22 \$	<input type="checkbox"/> Aug '22 \$	<input type="checkbox"/> Sept '22 \$	<input type="checkbox"/> Oct '22 \$	<input type="checkbox"/> Nov '22 \$	<input type="checkbox"/> Dec '22 \$			
c. What is the total rent due? (total of 2.b.)						\$			
3. Maximum Rent Payment (completed by T-RAP service provider)						2020	2021	2022	2023
a. What is 150% or 100% Fair Market Rent on this Unit? <i>Up to 100% if self-dec used to determine rental payment amount. FMR is based on the number of rooms the tenant is renting if in a shared living situation with friend/family.</i>						FMR (Mar-Sept 20) \$	FMR (Oct 20-Sept 21) \$	FMR (Oct 21-Sept 22) \$	FMR (Sept 22 & on) \$
b. Fair Market Rent x # months of rent requested (show calculations)						\$			
4. Total Rent Payment (completed by T-RAP service provider) up to total in 3.b, but no more than total rent due in 2.c.) <i>Reminder: Documentation of payments made to a landlord on behalf of the household must be provided to the household.</i>						\$			

5. Landlord, property manager/owner, or person authorized to accept payment

Name:		Name check should be made out to:
Payment Address:		
City/State:	Zip Code:	Phone number:
DUNS Number or Tax ID Number:		
Landlord Print Name/Signature:		Date:

6. Household Signature* *(Required when landlord initiates assistance or when payment is made directly to the household. This can be obtained by the landlord or service provider. Electronic signatures, or verbal/electronic verifications are allowable. Not required for other housing costs only applications.)*
***If payment is made directly to household, household agrees to use payment to satisfy rental obligation listed in Section 4 above.**

Household Signature:	Verbal/Electronic Verification (check box): <input type="checkbox"/>
Date:	Date: