



**ELKHART COUNTY LANDLORD EMERGENCY RENTAL  
ASSISTANCE FORM & ATTESTATION**  
**PROGRAM REAPPLICATION ONLY**

Prior to submission, with your application, make sure the following are complete:

1. Section A is complete and accurate.
2. Option 1, Option 2 or Option 3 are complete and accurate in Section B.
3. The landlord has submitted a signed and completed W-9 to [ElkhartCountyERA@bakertilly.com](mailto:ElkhartCountyERA@bakertilly.com) or has indicated prior submittal.

**SECTION A – LANDLORD AND TENANT INFORMATION**

Landlord or Landlord's Agent: \_\_\_\_\_

("Landlord") Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**1. Tenant.** Landlord is seeking rental assistance for the following tenant's household ("Tenant"):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Unit.** Tenant rents a rental unit and/or lot ("Tenant's Unit") from Landlord located at:

Rental Address: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**3. Rent.** Tenant pays Landlord \$ \_\_\_\_\_ per month in rent. This is the tenant paid portion of the rent and does NOT include rental subsidies received by the tenant/landlord from federal, state or local assistance programs such as housing choice voucher, project based rental assistance or public housing.

**4. Past Due Rent.** Tenant owes Landlord the following past due rent, including utilities paid directly to Landlord, from April 1, 2020 through the application date: \$ \_\_\_\_\_.  
(Late fees are permitted only if legal and included in an existing lease.)

**5. Future Rent.** Tenant's rent for the next three months is:

Month \_\_\_\_\_ Rent \$ \_\_\_\_\_

Month \_\_\_\_\_ Rent \$ \_\_\_\_\_

Month \_\_\_\_\_ Rent \$ \_\_\_\_\_

**6. Prior Funds Received.** Landlord received the following (total) amount \$ \_\_\_\_\_ on the tenant's behalf from the first application.

**7. Prior Months Covered.** Landlord received the following MONTHS of rental assistance from the first application:

- Months Past Due \_\_\_\_\_
- Future Months \_\_\_\_\_
- Total \_\_\_\_\_

**8. Application of Funds.** Landlord understands payment must be applied to the rent (including any utilities and late fees) noted in this application. Landlord understands that Tenant may apply for additional rent payments in 2021, up to three months at a time dependent upon fund availability and program guidelines.

**9. No Other Governmental Rental Assistance.** The above rent amounts have not been and will not be paid by any other governmental rental assistance.

**10. No Eviction for Nonpayment.** Landlord agrees not to take any action to evict Tenant for nonpayment of rent or any related costs that have been paid to the landlord through this program.

**11. Notification to Tenant.** Landlord will provide Tenant with a copy of this form for submittal with the tenant's application.

**12. W-9.** Landlord: \_\_\_\_\_ submitted a W-9 to [ElkhartCountyERA@bakertilly.com](mailto:ElkhartCountyERA@bakertilly.com) OR  
\_\_\_\_\_ previously submitted a W-9 with the rent relief program to  
[ElkhartCountyERA@bakertilly.com](mailto:ElkhartCountyERA@bakertilly.com)

**13. Multiple Tenants.** Do you have other tenants who have applied or that you expect to apply as part of this program?:

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**SECTION B – LANDLORD/TENANT ATTESTATION**

**OPTION A: PARTICIPATING LANDLORD ATTESTATION AND SIGNATURE**

**COMPLETE THIS SECTION IF YOU AGREE TO PARTICIPATE IN THE PROGRAM**

By checking this box I agree to participate in the Emergency Rental Assistance program as outlined above and accept payment for rent owed by the tenant listed on this form

I certify, attest, and affirm under penalty of perjury that the above information is complete and accurate to the best of my knowledge and belief. I authorize the US Department of Treasury and Elkhart County to verify and investigate such information with my full cooperation at any time. I understand that providing false or misleading statements or omissions to the United States Government and Elkhart County, on this Form and Attestation may result in federal and state criminal and civil actions for fines, penalties, damages or imprisonment.

I have read and understand the above attestation. Landlord is signing this Form & Attestation by electronically completing the information below or by providing a wet signature.

**Signature of landlord or authorized representative of property management/rental company:**

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Entity Name and Title (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**OPTION B: NON -PARTICIPATING LANDLORD ATTESTATION AND SIGNATURE**

**COMPLETE THIS SECTION IF YOU DO NOT AGREE TO PARTICIPATE IN THE PROGRAM**

I do not agree to participate in this program and understand that payment will be made directly to the tenant.

Landlord is signing this Form & Attestation by electronically completing the information below or by providing a wet signature.

**Signature of landlord or authorized representative of property management/rental company:**

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Entity Name and Title (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**OPTION C: TENANT ATTESTATION OF LANDLORD NON-PARTICIPATION  
FOR TENANT USE ONLY IF LANDLORD WILL NOT COMPLETE ANY PORTION  
OF THIS FORM.**

By signing below, I certify that I have made multiple attempts to have my landlord complete and sign this form indicating their participation in this program and willingness to accept payment. I understand that Elkhart County or an agent acting on their behalf will also attempt to contact my landlord for participation in the program, and if obtained, payment will be made directly to my landlord on my behalf.

Tenant is signing this Form & Attestation by electronically completing the information below or by providing a wet signature.

**Signature of tenant/applicant applying for rental assistance funds:**

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Entity Name and Title (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**This form is required to be completed and returned with the tenant's application for rental assistance.**

More information about the program, as well as the link to the online application are available at:

<https://elkhartcounty.com/rentalassistance>

For questions please contact:

[ElkhartCountyERA@bakertilly.com](mailto:ElkhartCountyERA@bakertilly.com)

317-452-8363