



**CITY OF SAN JOAQUIN
RENTAL ASSISTANCE PROGRAM
Program Participation-Payment Acceptance Agreement**

Applicant Tenant:
Tenant Address:

SECTION I - COMPLETED BY THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY

The landlord (legal owner of the residence reference above) must complete this Section.

I do not want to participate in the City of San Joaquin COVID-19 Emergency Rental Assistance Program; or

I would like to participate in the City of San Joaquin COVID-19 Emergency Rental Assistance Program. To receive payment, I will provide this signed agreement a W-9 Request for Taxpayer Identification Number and Certification.

TENANT'S MONTHLY RENT IS DUE ON THE _____ OF EACH MONTH.

LANDLORD/LEGAL OWNER'S NAME/MGT. COMPANY (PLEASE PRINT)	APPLICANT (TENANT) NAME (PLEASE PRINT)
MAILING ADDRESS	PROPERTY ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

**LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY
CERTIFICATION**

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the applicant does not reside at my property. If I receive a direct rent payment for a month that the applicant did not reside at my property, I shall remit to City of San Joaquin at (559) 693-4311 and mail payment to City of San Joaquin PO Box 758 San Joaquin, CA 93660 an amount that represents the overpaid rent. To return such amounts or payments, I shall call City of San Joaquin at (559) 693-4311 and mail payment to City of San Joaquin PO Box 758, San Joaquin CA 93660. I must not cash a direct rent payment if the applicant has moved. I may be prosecuted if I commit fraud or knowingly assist an applicant to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments. I may not acquire rights to sue the City of San Joaquin for payment of rent or for a breach of any obligations by the tenant.

I also understand and certify that I receive no other subsidy and/or assistance from or on behalf of this applicant for full or partial monthly rental payment.

Rental assistance is limited funds will be available until funds are exhausted and is a one-time payment only. City of San Joaquin will make every effort to make rental assistance payments as required by the lease agreement but will only be responsible for a one-time payment only payable directly to the Landlord. I understand that assistance may be terminated if a participant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by the City of San Joaquin. Examples non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

In addition, I understand and agree that during the term of this agreement, I must give City of San Joaquin a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.

THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY MUST SIGN AND DATE:

LANDLORD/LEGAL OWNER/MGT. CO. NAME (PLEASE PRINT)	LANDLORD/LEGAL OWNER/MGT.CO. SIGNATURE:	DATE:	TELEPHONE NUMBER:
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