T-RAP OHC Payment Agreement Form - Version 2

**Instructions for T-RAP service provider:** Complete Sections 1 and 2 with head of household. T-RAP staff calculates Sections 3, 4, and 5. Complete Section 6 with landlord if payment is going directly to landlord. Complete Section 7 with household if payment is going directly to household.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Household/Tenant and Rental Information** | | | | | | | | | | |
| **Household ID** *(completed by T-RAP service provider):* | | | | | | **Date:** | | | | |
| Name: | | | | | | | | | | |
| Rental Address *(street, city, state, zip code):* | | | | | | | | | | |
| 1. **Other Housing Costs** - *OHC**can include relocation expenses, rental fees, short-term hotel/motel stays, and internet service provided to the rental unit. These expenses must be supported by source documentation.* | | | | | | | | | | |
| Mar ‘20  $ | Apr ‘20  $ | May ‘20  $ | June ‘20  $ | July ‘20  $ | Aug ‘20  $ | | Sept ‘20  $ | Oct ‘20  $ | Nov ‘20  $ | |
| Dec ‘20  $ | Jan ‘21  $ | Feb ‘21  $ | Mar ‘21  $ | Apr ‘21  $ | May ‘21  $ | | Jun ‘21  $ | Jul ‘21  $ | Aug ‘21  $ | |
| Sept ‘21  $ | Oct ‘21  $ | Nov ‘21  $ | Dec ‘21  $ | Jan ‘22  $ | Feb ‘22  $ | | Mar ‘22  $ | Apr ‘22  $ | May ‘22  $ | |
| June ‘22  $ | Jul ‘22  $ | Aug ‘22  $ | Sept ‘22  $ | Oct ‘22  $ | Nov ‘22  $ | | Dec ‘22  $ | Jan ‘23  $ | | Feb ‘23  $ |
| 1. **Total Payment to Landlord if applicable** *(completed by T-RAP service provider, total of line 2 items being paid to landlord)* | | | | **$** | | | | | | |
| 1. **Total Payment to Other Vendor if applicable** *(completed by T-RAP service provider, total of line 2 items being paid to other than landlord)* | | | | **$** | | | | | | |
| 1. **Total Other Housing Costs** *(completed by T-RAP service provider. OHC**can include relocation expenses, rental fees, reasonable accrued late fees (if not included in rental or utility arrears), short-term hotel/motel stays, and internet service provided to the rental unit. These expenses must be supported by source documentation.)* | | | | **$** | | | | | | |
| 1. **Landlord, property manager/owner, or person authorized to accept payment** | | | | | | | | | | | |
| *As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will accept the program payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as full satisfaction of any* ***other housing costs*** *balance owed for the months paid by the program. No late fees or additional charges will be made for the months covered after I receive the T-RAP Payment.* | | | | | | | | | | | |
| *Landlord Print Name/Signature/Date:*   |  |  | | --- | --- | | 1. **Household Signature** *(Required when payment goes directly to household. This can be obtained by the landlord or service provider.*   *Electronic signatures, or verbal/electronic verifications are allowable.)*  ***\*If payment is made directly to household, household agrees to use payment to satisfy rental obligation listed in Section 4 above by signing below.*** | | | *Household Signature/Date:* | *Verbal/Electronic Verification (check box)/ Date:* | | | | | | | | | | | | |