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**
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| **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**
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| *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:*

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| 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:* [ ]  |

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