



# CARES Housing Assistance Program (CHAP) LANDLORD VERIFICATION FORM

**For Staff Use Only**  
 IRS W9  
 ACH Information

Date \_\_\_\_\_

To: Agency on behalf of \_\_\_\_\_  
*(Tenant Names on Lease)*

From: \_\_\_\_\_  
*(Landlord/Management Co)*

This is to inform you that I shall accept the payment of \$ \_\_\_\_\_ for rent covering the  
*(Total amount due from below)*

period of \_\_\_\_\_ to \_\_\_\_\_ for the premises located at:  
*(MM/DY/YEAR) (MM/DY/YEAR)*

\_\_\_\_\_  
*(Client/Tenant Property Address)*

Future monthly rent payments are \$ \_\_\_\_\_ and  
is due \_\_\_\_\_ of the month.

I certify that I understand:

- All funds will be directly deposited into my account unless I specifically request a paper check which would be mailed to the address provided on the IRS W-9 form.
- It may take at least 10 business days from approval before I receive the funds.
- Processing will only begin once the client/tenant has been approved for service.
- Completion of this form does NOT guarantee client/tenant approval.
- Failure to submit an incomplete/inaccurate IRS W-9 form may further delay payment.
- Falsification or omission of any information on this form, any program paperwork or any other documents may cause denial and/or termination of any program payments offered by CHAP.
- Cooperation must occur with any CHAP funded agency as needed in the collection of any records and documents necessary to confirm tenant eligibility.

I agree to not provide notice to vacate or initiate an eviction proceeding to any Qualified Tenant for nonpayment of rent retroactive to March 1, 2020 as long as Qualified Tenant is not otherwise in default of tenant lease and complies with the agreed-upon payment plan. Upon payment by CHAP, landlords will rescind any prior notice to vacate and halt any prior eviction proceeding of Qualified Tenant based upon nonpayment of the rent paid by CHAP and that the tenant can reside in the unit for a period of not less than 60 days without eviction proceedings.

The breakdown of payments owed:		
	MM/YYYY	AMOUNT
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Rent	/	\$
Late Fees	/	\$
Other:		
Deposit	/	\$
<b>TOTAL:</b>		<b>\$</b>

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_