



PO BOX 189 | MILFORD, NY 13807 | 607-286-7244

www.otsegoruralhousing.org

OTSEGO COUNTY COVID-19 EMERGENCY RENT RELIEF AGREEMENT - LANDLORD

Your signature at the bottom is required and signifies that you fully understand the terms and conditions of the program as described below.

I certify the following:

- ✓ I am the owner/authorized agent of the rental property unit listed below;
- ✓ I understand that my tenant, listed below, has applied for emergency rental relief assistance from Otsego County as a result of the COVID-19 pandemic;
- ✓ I agree to accept payment on behalf of this tenant for a period not to exceed three consecutive months;
- ✓ I agree to provide to the Grant Program a W-9 and other information as needed to facilitate such payments;
- ✓ I understand that utility payments on behalf of the tenant are excluded from this assistance;
- ✓ I agree to waive any applicable late payment fees for the three-month assistance period;
- ✓ I understand that provision of the emergency rent relief on behalf of the tenant does not otherwise alter or affect the terms of my existing rental agreement/lease with the tenant;
- ✓ I understand that in providing this emergency rental assistance to my tenant, Otsego County accepts no other responsibility for the tenant's conduct whatsoever, either during or following the period of rental assistance;
- ✓ I attest that I am not colluding with any party to obtain assistance for this tenant fraudulently;
- ✓ I certify that all statements in this application are true, accurate, and complete to the best of my knowledge.

Rental Unit Address: _____

Applicant Tenant: _____

Landlord Mailing Address: _____

Landlord Signature

Print Name

Date