

COVID Emergency Rental Assistance (CERA) Owner/Landlord Application

Clear Form

MUNIC-0000

1. Owner/Landlord Information

Full Name (as shown on your income tax return)		Social Security Number/Employer Identification Number	
Address (number, street, and apt. or suite no.)		City	State Zip Code
Mailing Address (number, street, and apt. or suite no.)		City	State Zip Code
Phone Number	Contact name and number to leave messages	Email Address	

2. Tenant Information

Full Name(s)		County	
Contract Unit Address (number, street, and apt. or suite no.)		City	State Zip Code
Number of Bedrooms in Unit	Move-in date	Tenant Rent amount	Number of Months in Arrears

3. Payment History

Prior to March 13, 2020

Total amount past due or delinquent prior to March 13, 2020	
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March 13, 2020 to Present

Month / year	Tenant Rent amount	Payment amount (if applicable)	Payment date (if applicable)	Amount past due or delinquent (without late fees)
Total amount past due or delinquent (without late fees)				
Total late fees assessed since March 13, 2020				



4. Utility and Eviction Information

Are utility payments past due or delinquent on this unit? <input type="checkbox"/> Yes – Must complete applicable box/es below <input type="checkbox"/> No		Have you filed for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utility Type Electricity	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Gas/Propane/ Other Heat Source	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Water	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Sewer	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Trash*	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider

*Trash arrears are allowed only if included with another utility bill

5. Owner/Landlord Certification

Initials	If this application is funded the Owner/Landlord agree that: <ol style="list-style-type: none"> 1. The settlement amount will be the Tenant's total obligation for rent, late fees, court costs, and other charges (recognizing that, if the CERA payment includes prospective rent, that payment might surpass the Tenant's present financial obligation). The settlement amount shall not include and the Landlord/Owner waives any late fees assessed after March 13, 2020 in excess of \$400 and any court costs in excess of \$150. 2. When the CERA payment will not fully satisfy Tenant's financial obligation to Owner/Landlord and the settlement includes an installment repayment plan, if Tenant is performing that plan's repayment terms, which performance Owner/Landlord will cooperate with, Owner/Landlord will not take steps to evict Tenant for non-payment of the rent (or any other charges) that plan covers. 3. It will waive any other present and known grounds for eviction against Tenant other than its nonpayment of rent claim or a claim based on a serious and continuing violation of the lease or law. 4. Except for grounds permitted by #3 above, or in MCL 600.5714(1)(b), (c)(l), (d), (e), or (f), or MCL 600.5775, Owner/Landlord will not take steps to terminate a tenancy anytime before 1 month after a CERA payment, or, if a CERA payment covers a period of prospective rent, until at least 1 month after that period. 5. It has not received any other eviction diversion or rental assistance payments for this same arrearage for this Tenant.
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6. Owner/Landlord Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; the undersigned is the person legally entitled to possession of the property described in the Contract Unit Address above, or is an agent of same with legal authority to enter into agreements on behalf of the person or entity legally entitled to possession of the property, and thereby authorized to bind the landlord to legal agreements affecting the terms of the lease for the Contract Unit and settlement of any disputes related to said lease.	
Owner/Landlord Signature	Date



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Checklist

Before submitting this application for the COVID Emergency Rental Assistance (CERA) program, please review the following to make sure that all required information is included with the application.

- Copy of past-due rent notice, a notice to quit or a court ordered summons, complaint or judgement
- Most current copy of lease agreement in Tenant's name (if a written lease was completed)
- Copy of rental payment history if not provided on Application
- Copy of utility statements showing amount past due, if applicable
- COVID Emergency Rental Assistance (CERA) Tenant Application (Tenant may also submit separately)
- Copy of a state ID (or other government issued ID) in the Tenant's name (with supporting proof of residency if address does not match the unit) (Tenant may also submit separately)
- Copy of Tenant household income, if applicable (Tenant may also submit separately)
 - Household income for one month, OR
 - Copy of submitted 2020 IRS form 1040 (first two pages)
 - Food Assistance Program Notice of Case Action form (only applicable for households with 3 or less people)
- Owner/Landlord or Management Agent W-9
- Supporting documentation for proof of COVID Hardship (Tenant may also submit separately)

Type of COVID Hardship	Best Documents to Show Proof	Alternate Documents to Show Proof
A member of my household qualified for unemployment after March 13, 2020	Unemployment Monetary Determination Letter OR screen shots from unemployment website showing payments and person's name	Signed letter from applicant stating the time period they received unemployment benefits
A member of my household has had a 10% reduction in income after March 13, 2020	Signed letter from applicant outlining your original hours and pay rate and reduced hours and pay rate during the COVID outbreak	
A member of my household has incurred significant costs (over \$500) after March 13, 2020	Signed letter from applicant stating what type and amounts of increased expenses the household incurred during the COVID outbreak	
A member of my household experienced other financial hardship (over \$500) after March 13, 2020	Signed letter from applicant stating what type of financial hardship they occurred during the COVID outbreak	

