



**SUFFOLK COUNTY CONSORTIUM
EMERGENCY RENTAL ASSISTANCE PROGRAM
FOR COVID-19 RELIEF**

LANDLORD STATEMENT

I, _____ (full legal name of Agent/Representative), with an address of _____ (mailing address) am the owner/representative of the following rental unit:
Street: _____ Unit: _____ City: _____, NY, ZIP: _____ (the "Dwelling Unit") and currently have an active lease with _____ (the "Tenant(s)"). The legal name of the Owner of the Dwelling Unit is _____ (the "Owner").

My Tenant(s) have experienced a financial hardship due to the current COVID-19 pandemic. My Tenant(s) have applied for assistance with Suffolk County Community Development ("SCCDO") to help pay their rent.

If my Tenant(s) are approved for this assistance, I agree to the following:

- I will adhere to the terms of the lease I have with my Tenant(s);
- I will accept the rent payment from SCCDO directly;
- I will allow for site inspections if required;
- I will not pursue any eviction proceeding against the Tenant(s) while this application process is underway, and for 90 days after receiving payment from SCCDO;
- Late fees or any other fees will be waived and/or not accrue for the month(s) for which SCCDO has committed to making payments;
- I will sign a program agreement with SCCDO;
- I will sign a Violence Against Women Act (VAWA) lease addendum as required by HUD;
- I will provide proof of ownership or management; and
- If my property is located in a FEMA-mapped floodway, I will provide proof of flood insurance, if requested.

Additionally, I certify that the Dwelling Unit is safe and habitable. I agree to repair outstanding code violations and correct lead-paint deficiencies if any are identified. I also certify that I am following all Fair Housing requirements and do not discriminate against any person on the grounds of age, race, color, creed, sex, handicap, national origin, or familial status.

Please Return ORIGINAL Signed Completed Form To: Suffolk County Office of Community Development
100 Veterans Memorial Highway, 2nd Floor, PO Box 6100, Hauppauge, NY 11788
Phone: 631-853-5705 * Community.Development@SuffolkCountyNY.gov

The payments I receive will not exceed the base rent amount in the lease between the Tenant(s) and myself and all fees will be waived for the assistance period.

The current amounts are due from the Tenant(s):

Total Base Rent Arrears: _____ for the Month(s) of _____

Total Fees Due: _____ for the Month(s) of _____

I will provide a total breakdown of rent arrears if the Tenant(s) owe more than one month of arrears.

I certify I have not received any other payments from other emergency rental assistance programs for the Tenant(s) for the month(s) for which SCCDO has committed to make payments. I give my permission for SCCDO to share my relevant information with agencies and municipalities that have emergency rental assistance programs for the purpose of preventing duplicative payments.

Contact Information of Owner/Representative:

Phone: _____

Email: _____

All provisions in this statement will be binding upon execution of the Program Contract. SCCDO's rights and remedies under the Contract include recovery of overpayments, termination or reduction of payments, and termination of the Contract. If SCCDO determines that a breach has occurred, it may exercise any of its rights or remedies under the Contract.

Print Name

Signature

Title