

T-RAP Rent Payment Agreement Form - Version 4

Instructions for T-RAP service provider if tenant is applying: Complete Sections 1 and 2 with head of household. T-RAP staff calculates Section 3 and determines Section 4. T-RAP staff calculates sections 3 and 4. Contact landlord to complete Section 5.

Instructions for landlord if landlord is initiating on behalf of tenant: "Landlord" includes property manager/owner or other person authorized to seek rent payment, including friends/family. Landlords complete only Sections 1, 2, and 5. (T-RAP service provider completes 3 and 4). The T-RAP service provider will contact the tenant to determine eligibility. Household must complete Section 6 if application initiated by Landlord*. Submitting this form does not guarantee payment.

1. Household/Tenant and Rental Information								
Household ID (completed by T-RAP service provider):						Date:		
Name:								
Rental Address (street, city, state, zip code):								
Number of bedrooms in rental unit: <i>If a shared living situation with friend/family, how many bedrooms is the household/tenant paying for? If only paying for a "sleeping space," indicate "1."</i>								
2. Rent Request – limited to 12 months								
a. What is the tenant's monthly rent/lease amount? <i>Utility costs embedded in the total rent amount (such as W/S/G commonly is) can be included in the rental payment. Utilities that are separately stated amounts in the lease must be recorded separately on the Utility Payment Form.</i>							Rent: \$	
b. Indicate below the months the household/tenant rent is past due and the future rent to be paid. <i>Assistance cannot be provided for arrears that were accrued before March 13, 2020. March arrears must be prorated from March 13 to the end of the month. Up to three months future rent is allowable. See guidelines for more information on future rent.</i>								
<input type="checkbox"/> Mar '20 \$	<input type="checkbox"/> Apr '20 \$	<input type="checkbox"/> May '20 \$	<input type="checkbox"/> June '20 \$	<input type="checkbox"/> July '20 \$	<input type="checkbox"/> Aug '20 \$	<input type="checkbox"/> Sept '20 \$	<input type="checkbox"/> Oct '20 \$	<input type="checkbox"/> Nov '20 \$
<input type="checkbox"/> Dec '20 \$	<input type="checkbox"/> Jan '21 \$	<input type="checkbox"/> Feb '21 \$	<input type="checkbox"/> Mar '21 \$	<input type="checkbox"/> Apr '21 \$	<input type="checkbox"/> May '21 \$	<input type="checkbox"/> Jun '21 \$	<input type="checkbox"/> Jul '21 \$	<input type="checkbox"/> Aug '21 \$
<input type="checkbox"/> Sept '21 \$	<input type="checkbox"/> Oct '21 \$	<input type="checkbox"/> Nov '21 \$	<input type="checkbox"/> Dec '21 \$	<input type="checkbox"/> Jan '22 \$	<input type="checkbox"/> Feb '22 \$	<input type="checkbox"/> Mar '22 \$	<input type="checkbox"/> Apr '22 \$	<input type="checkbox"/> May '22 \$
<input type="checkbox"/> Jun '22 \$	<input type="checkbox"/> Jul '22 \$	<input type="checkbox"/> Aug '22 \$	<input type="checkbox"/> Sept '22 \$	<input type="checkbox"/> Oct '22 \$	<input type="checkbox"/> Nov '22 \$	<input type="checkbox"/> Dec '22 \$		
c. What is the total rent due? (total of 2.b.)						\$		
3. Maximum Rent Payment (completed by T-RAP service provider)						2020 FMR (Mar-Sept 20)	2021 FMR (Oct 20-Sept 21)	2022 FMR (Oct 21 & on)
a. What is 150% or 100% Fair Market Rent on this Unit? <i>Up to 100% if self-dec used to determine rental payment amount. FMR is based on the number of rooms the tenant is renting if in a shared living situation with friend/family.</i>						\$		
b. Fair Market Rent x # months of rent requested (show calculations)						\$		
4. Total Rent Payment (completed by T-RAP service provider) up to total in 3.b, but no more than total rent due in 2.c.) <i>Reminder: Documentation of payments made to a landlord on behalf of the household must be provided to the household.</i>						\$		

5. Landlord, property manager/owner, or person authorized to accept payment

Name:		Name check should be made out to:
Payment Address:		
City/State:	Zip Code:	Phone number:
DUNS Number or Tax ID Number:		

As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will abide by the agreements below from the signing of this agreement and all applicable provisions of WA State landlord-tenant law.

1. Accept \$ _____ as full satisfaction of any rent and late fee balance owed for the months paid by the program.
2. Agree that no new late fees or additional charges will be made for the months covered.
3. Agree rent will not increase for the household described above for at least six months.
4. Agree to not limit tenant ability to seek relief due to prior pay or vacate notices as per RCW 59.18.410(3)(d) for notices filed prior to the signing of this agreement.
5. Agree to not terminate or refuse to renew the above household's tenancy until after six months unless: (a) a household member materially violates the terms of the lease; (b) a household member is creating a significant and immediate risk to the health, safety, or property of others; or (c) at least 90 days' written termination notice is provided to the household based on the Landlords intent to (i) personally occupy the premises as a primary residence, or (ii) sell the property.
6. Agree to repayment of these funds if I do not fulfill the terms of this agreement.

Landlord Print Name/Signature/Date:

6. Household Signature* *(Required when landlord initiates assistance. This can be obtained by the landlord or service provider. Electronic signatures, or verbal/electronic verifications are allowable. Not required for other housing costs only applications.)*

<i>Household Signature/Date:</i>	<i>Verbal/Electronic Verification (check box)/ Date:</i> <input type="checkbox"/>
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