



## Kitsap Eviction Prevention Assistance (KEPA) Program LANDLORD PAYMENT AGREEMENT

The Kitsap Eviction Prevention Assistance Program (KEPA, which includes T-RAP, Treasury ERA, and ERAP funding) was established to prevent the eviction of tenants in Kitsap County during the COVID-19 public health crisis. These funds are limited and payment cannot be issued until all necessary forms are completed, including this Agreement. To receive payment, the Landlord must agree to the conditions outlined in this Agreement by signing this document.

For the Household residing on the date of this Agreement at:

[Household Name] \_\_\_\_\_

[Building Name] \_\_\_\_\_

[Street Address] \_\_\_\_\_

[Unit Number] \_\_\_\_\_

[City, State] \_\_\_\_\_

[Zip Code] \_\_\_\_\_

The undersigned, duly authorized Landlord agrees to:

1. Accept \$\_\_\_\_\_ from \_\_\_\_\_ (Agency) as full satisfaction of any claim it may have for past due or future rent owed by the Household through \_\_\_\_\_ (date through which rent is being paid). The Landlord agrees that no additional rent will be collected and no eviction proceeding shall be pursued against the Household based on nonpayment of rent for any period before \_\_\_\_\_ (date through which rent is being paid). For purposes of this Agreement, the term "rent" means recurring and periodic charges identified in the rental agreement for the use and occupancy of the premises, as defined under state law except that future rent payments do not include future utility payments.
2. Waive any late fees and any other charges arising out of nonpayment of rent charged to household through \_\_\_\_\_ (date through which rent is being paid).

By signing this form, the Landlord certifies under oath that it has not already received and will not otherwise receive any rent payment by or on behalf of the Household for the time period covered by this Agreement. Landlord further agrees that if any duplication of payment occurs, they will promptly reimburse Kitsap County for the duplicated amount.

Landlord agrees to fully cooperate with any audit by the Nonprofit or by Kitsap County regarding compliance with the terms of this Agreement, including but not limited to review of payments that the Landlord has sought or received.

### DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States and the State of Washington that, to the best of my knowledge, the foregoing is true and correct.

SIGNED and DATED this \_\_\_\_ day of \_\_\_\_\_, 2021, in Kitsap County, Washington.

Signature: \_\_\_\_\_

Landlord, Property Manager, or Agent  
(collectively "the Landlord")

Household ID # \_\_\_\_\_



# T-RAP Rent Payment Agreement Form

**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, determines Section 4, and enters amount in Section 6. Contact landlord to complete Sections 5 and 6.

**Instructions for landlord if landlord is applying 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, 5, and 6 (T-RAP service provider completes 3, 4 and a part of 6). Up to 3 months of future rent is allowable as determined by the provider. The T-RAP service provider will contact the tenant to determine eligibility. Submitting this form does not guarantee payment.

<b>1. Household/Tenant and Rental Information</b>								
<b>Household ID</b> <i>(completed by T-RAP service provider):</i>						<b>Date:</b>		
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>								
<b>2. Rent Request – limited to 12 months</b>								
a. What is the tenant's monthly rent/lease amount? <i>Utility costs embedded in the total rent amount can be included in the rental payment. Reasonable late fees can be included with rent amounts below, but indicate the total amount here.</i>						Rent: \$		
						Late Fees: \$		
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 \$		
c. What is the total rent due? (total of 2.b.)						\$		
<b>3. Maximum Rent Payment</b> <i>(completed by T-RAP service provider)</i>						2020 FMR <small>(Mar-Sept '20)</small>	2021 FMR <small>(Oct '20-Sept '21)</small>	2022 FMR <small>(Beg. Oct '21)</small>
a. What is 150% or 100% <b>Fair Market Rent</b> 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 past due (show calculations)						\$		
<b>4. Total T-RAP Payment</b> <i>(completed by T-RAP service provider) up to total in 3.b, but no more than total rent due in 2.c.) Reminder: Documentation of payments made to a landlord on behalf of the household must be provided to the household:</i>						\$		
<b>5. Landlord, property manager/owner, or person authorized to accept payment:</b>								
Name:						Name check should be made out to:		
Payment Address:								
City/State:			Zip Code:			Phone number:		
DUNS Number or Tax ID Number:								
<i>As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will accept the program payment of \$ _____ as full satisfaction of any balance owed for the months paid by the program. No late fees or additional charges will be made for the months covered after I receive the T-RAP Payment.</i>								
Landlord Print Name/Signature/Date:								