



October/November/December COVID-19 Rent Relief Owner/Agent Agreement & Acknowledgement

Own	er/Agent:					
Phor	ne number:		Email:			
Maili	ng Address:					
City:			State:		Zip Code:	
Nam	e of tenant applying for	r COVID-19 R	ent Relief:		("Tenant")	
1.					al Address:State: Maine Zip Code:	
2.	Tenant pays monthly rent to Owner/Agent in the amount of <u>per month</u> per month. Consistent with Tenant's application, Owner/Agent agrees to apply Rent Relief funds to Tenant's current and past due rent as follows:					
	<u>\$(\$1,000 max)</u> for the month of October					
	\$	\$(\$1,000 max) for the month of November				
	\$(\$1,000 max) for the month of December					
	Owner/Agent agrees not to evict Tenant's household for failure to pay full rent for any month the funds are applied.					
3.	Tenant is not assisted with a Section 8 voucher or other governmental rental assistance.					
4.	Owner/Agent agrees to accept no more than \$1,000 per month in COVID-19 Rent Relief Program payments for Tenant' Unit.					
5.	Owner/Agent is: submitting a W-9 with this Agreement and Acknowledgement or previously submitted a W-9 to the Community Action Agency in connection with COVID-19 rent relief					
6.	Under penalties of perjury, the forgoing information is true and correct.					
	er/Agent is signing this iding a wet signature.	3 Agreement an	d Acknowledgement by e	electronically complet	ing the information below or by	
If Ov	wner/Agent is an indivi	dual sign here:				
Date	:		1	Name:		
If Ov	wner/Agent is an entity	sign here:				
Date:				Entity Name:		
]	By:		
			1			