

Miami Valley Community Action Partnership Landlord Statement Emergency Rental Assistance

Landlord must complete and return this form to process application for rent assistance.* Completing this statement does not guarantee payment. You will receive a "Pledge Verification" upon approval of the tenant's application.

Tenant Information					
Name(s) on Lease:					
Complete Address of Rental Property					
Street Address:					
Street Address Line 2:					
City:	State:	Zip Code:	County:		
Phone Number:		Email Address:			
Amount of One Month's Rent:		Due Date: (e.g. first day of the month)			
Which months are you requesting payment?		Total Amount Owed:			
Late fees:					
City of Dayton Ordinance §93.70: Landlord may not impose a late fee more than one time on a tenant's single late payment, and late fee for any month may not exceed the larger of (i) \$25; or (ii) 5% of monthly contract rent					
Legal Fees & Court Costs - must provide payment receipts.					
Does the tenant receive rent assistance? □Yes □ No					
Are you related to your tenant? (Parent, sibling, aunt/uncle, cousin, grandparent, in-law, child, close relative of co-habitant) □ Yes □ No					

*Return completed forms via:

- Email: emergencyservices@mvcap.com or address provided by MVCAP intake specialist
- Drop Box or U.S. Mail:
 MVCAP Emergency Services Rental Assistance, attn: intake specialist name*
 719 S. Main Street, Dayton, Ohio 45402

 name will be provided

The following must match the information on mandatory W-9 Form.

Owner/Landlord Information					
Tenant(s) Name:					
Owner/Landlord Name (as appears on the County Auditor Site) [line 1 on W-9]					
Business Name (if applicable) [line 2 on W-9]					
Landlord Address - check will be sent to this address - must be the same as W-9 form					
Street Address:					
Street Address Line 2:					
City:	State:	Zip Code:	County:		
Phone Number:		Fax Number:			
Email Address:		Landlord SS # or Employer Identification number (required for payment:			

I certify that this information is true and accurate and provided in connection with request of financial assistance for the above-named tenant. Deliberate misrepresentation may subject me to to prosecution under applicable State and Federal law. Signing this agreement to accept payment from MVCAP obligates me to guarantee at least 30 days of continued residency from the receipt of agency payment. Payment may take up to 30 days from the date of the pledge.

Landlord Signature: _		
Date:		

A typed/electronic signature satisfies legal requirements and is permissible pursuant to Ohio Revised Code §1306.06