

McLennan County

Emergency Rental Assistance Program

Please return all documents to:

*Economic Opportunities Advancement Corporation
500 Franklin Ave.
Waco, TX 76701
Ph: 254-756-0954
Fax: 254-756-7664
Email: communityservices@eoacwaco.org*

RENT DOCUMENTATION

The following forms are to be completed by the landlord or property manager only.

LANDLORD:

Please complete the attached forms:

Page 2 - Client information, address, amount owed, landlord information

Page 3 - The Debarment Form states that you are eligible to receive federal funds

Page 4 - W9 to be completed by landlord to receive payment. W9 will be kept on file for 1 year.

- By signing page 2, you agree to (1) accept the Emergency Rental Assistance Program's promise to pay if the tenant is approved for assistance and (2) not charge any additional fees as a result of waiting for payment from the ERA Program.
- **Payments may take up to 30 days to receive AFTER the tenants application has been approved.**
- If a deposit is paid by the McLennan County Emergency Rental Assistance Program, once the lease has been completed, the deposit must be returned to McLennan County or written notification is to be provided to the County if the deposit is kept by the landlord.
- Under no circumstances can any funds that are provided to the landlord under the ERA program be refunded to the tenant. Any and all refunds are to be returned to the County.

A copy of the signed lease agreement is also required.

Due to the high volume applications for Emergency Rental Assistance, the minimum processing time is 60 business days.

Emergency Rental Assistance
RENT DOCUMENTATION
500 Franklin Avenue, Waco TX 76701

Client Information:

Date (month/day/year): _____

Client Name: _____

Client Address: _____
(complete street address)

(city/state/zip)

Type of Assistance: Rent (check all that apply)

- | | |
|---|--------------------|
| <input type="checkbox"/> Past due rent | Future Rent |
| <input type="checkbox"/> Current month's rent | |
| <input type="checkbox"/> First month's rent | |
| (effective/move in date _____) (month/day/year) | |

The monthly rent payment is \$ _____

The total amount currently owed is \$ _____

The amount being requested for rental assistance is \$ _____

The rental assistance is for the month (month/year) of _____

The amount being requested is/was due on (month/day/year) _____

The amount being requested is past due in its entirety at time of payment (circle one): Yes No

Any and all deposits paid by the ERA Program on behalf of the above-named tenant must be returned to McLennan County.

EOAC Verification (To be completed by the EOAC staff):

EOAC Staff Name: _____

EOAC Staff Signature: _____ Phone: _____

Date (month/day/year): _____

Landlord Verification (To be completed by the landlord/property manager):

This is to confirm that rent for _____ for the property
(name of individual or family)

at _____
(complete address, street number and name, city, state, zip code)

with a monthly rent amount of \$ _____ (rent only: includes no deposits, late fees, or other charges)

is/was due on _____ month/day/year. The total amount currently owed is \$ _____.

The individual/family now has rent due/past due for the month(s) of _____
(month/year)

Landlord Holder Name: _____ Phone: _____
Address: _____
(street/city/state)
Landlord /Property Manager Signature: _____ Date (mo/day/yr): _____

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DEBARMENT AND SUSPENSION FORM

TO WHOM IT MAY CONCERN:

Debarment and Suspension (E.O.s 12459 and 12689) - No contract shall be made to parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-Procurement Programs in accordance with E.O.s 12549 and 12689. "Debarment and Suspensions." The list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractor declared ineligible under statutory or regulatory authority other than E.O.s 12549. Contractors with awards that exceed the small purchase threshold shall provide the required certification regarding its exclusion status and that of its principal employees.

We certify that this company and its principal employees have not been debarred, suspended, or otherwise excluded from doing business with the federal government.

LANDLORD / COMPANY _____

SIGNATURE _____

TITLE _____

DATE _____

