



**Rental Assistance Program  
Property Owner/Management Company Participation Agreement**

**Dear Property Owner/Management Company:**

Your tenant \_\_\_\_\_ (Full Name) residing at \_\_\_\_\_ (Address) is applying to the Department of Family and Support Services' (DFSS) Rental Assistance Program for the following months:

**Past Due Rent** (rent arrears, enter exact months owed): \_\_\_\_\_.

The Rental Assistance Program provides up to six (6) month's rent and/or arrears (amount based on monthly rent and rent owed) to low-income Chicago residents who, because of an emergency, are at risk of losing their housing. If the application is approved, funds will be mailed directly to the property owner/management company.

To successfully apply for the Rental Assistance Program, the applicant (your tenant) must provide the following information from you, the property owner or management company\*:

- **Documentation that proves the need** for emergency rental assistance.
  - Notarized 5-day notice of non-payment or eviction papers from a property owner/management company.
- **Current lease of at least six months** signed by both the applicant (your tenant) and property owner/management company. Lease must include VAWA addendum (HUD 91067). Addendum must cover, at minimum, the period of assistance received.
- **This Participation Agreement signed by you**, the property owner/management company.
- **A copy of proof of ownership** (property tax statement).
- **If you are a property management company, you must also provide a signed affidavit** (sample provided by DFSS) on the company's letterhead and a business card with property manager's name.

By signing this Property Owner/Management Company Participation Agreement, **you agree to:** 1) participate in the Rental Assistance Program, 2) immediately cease all eviction proceedings when you receive written notification from DFSS that the Rental Assistance Program application is approved, 3) Accept rental assistance on behalf of the applicant (your tenant) and use the approved funds to cover rent owed for the # of months mentioned above, 4) Use the funds issued by DFSS for purposes described above and understand that using funds for other purposes is a prosecutable offense, 5) give DFSS a copy of any notice given to the applicant (your tenant) to vacate a unit or any complaint used under state or local law to commence eviction action against the household, including a 5-day notice, during the term of this agreement, and 6) refund the total of the security deposit to the tenant within 45 days after the tenant has completely vacated the unit less any amount necessary to pay the owner. Finally, you agree to indemnify and hold harmless the City of Chicago, its Department of Family and Support Services, its officers, employees and agents, against any and all claims arising from the performance of activities outlined in this agreement. You understand that completion of an application does not mean approval. A letter will be mailed by the DFSS indicating the approval or denial of this application.

\*The DFSS reserves the right to modify or eliminate any of the terms/requirements outlined above without prior notice.

**Instructions:** Applicant (the tenant) and Property Owner/Management Company must complete all sections and sign below agreeing to the terms and requirements outlined above.

<p><b>Applicant (Tenant) Name:</b></p> <p>_____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Zip Code: _____</p> <p>Monthly rent: _____</p> <p>Rent Past Due Amount: _____</p> <p style="text-align: center;"><b>*No late fees or additional incidentals will be paid</b></p>	<p><b>Property Owner/Management Company:</b></p> <p>_____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip Code: _____</p> <p>Telephone: _____</p> <p>Rental Assistance Check Payable to: _____</p>
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\_\_\_\_\_  
DFSS District Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner/Manager Signature

\_\_\_\_\_  
Date