



RENTAL ASSISTANCE PROGRAM
Property Owner/Management Company Participation Agreement

Dear Property Owner/Management Company:

Your tenant _____ residing at _____ is applying to the Department of Family and Support Services (DFSS) for Rental Assistance Program for the # of months for year: _____. The Rental Assistance Program provides up to six (6) month's rent and/or arrears (amount based on monthly rent) to low-income Chicago residents who, because of an emergency, are at risk of losing their permanent 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*:

- A **valid picture ID and Social Security cards (or affidavit if applicable) for household members 18 years and over**
- A **document that proves the need** for emergency assistance
 - Eviction papers or a notarized 5-day notice from a property owner/management company, **and**
 - Documentation that explains the nature of the emergency (disaster, sudden loss of income, court ordered vacates, domestic violence) that kept the application (tenant) from paying rent.
- **Proof that the applicant (your tenant) will be able to pay rent** on their own after receiving emergency assistance (evidence of future income OR action plan to increase income prepared by DFSS case manager and client).
- A **Current Lease** signed by both parties (applicant (your tenant) and property owner/management company)
- **This agreement signed by you, the property owner/management company and 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 participate in the Rental Assistance Program. You agree to immediately cease all eviction proceedings when you receive written notification from DFSS that the Emergency Rental Assistance application is approved. You agree to accept rental assistance on behalf of the applicant (your tenant) and to use the approved funds to cover rent owed for the # of months for the year: _____. You agree to use the funds issued by DFSS for purposes described above and understand that using funds for other purposes is a prosecutable offense. The total of the security deposit must be refunded to the tenant within 45 days after the tenant has completed vacated the unit less any amount necessary to pay the owner. 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 Department of Family & Support Services (DFSS) reserves the right to modify or eliminate any of the terms/requirements outlines above without prior notice.**

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

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

 Date

 Property Owner/Manager Signature

 Date