



EMERGENCY RENTAL ASSISTANCE PROGRAM CERTIFICATION OF LANDLORD/TENANT RELATIONSHIP

(To be submitted by Head of Household if lease is expired. The expired lease must also be provided in addition to this certification.)

Head of Household's Name:

Head of Household's Spouse (if applicable):

Other Household Members 18 & Over:

Landlord's Name (name where rent is sent):

Landlord's Address:

Landlord's Phone Number: _____

Landlord's Email Address: _____

Rental Property Address:

_____ (the "Property")

How long have you rented the Property? _____

Term of Lease: _____ Expiration of Lease:

Monthly Rent Payment _____

Are you behind in rent: Yes No If yes, how much rent is past due \$ _____?

If the property is managed by a Management Company, attach evidence the Management Company is authorized to manage the property (property management agreement)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the St. Johns County Emergency Rental Assistance Program and other remedies available under applicable law.

Signature of Landlord:

Date:

Printed Name of Landlord:
