

**COUNTY OF LOS ANGELES**  
**COVID-19 RENT RELIEF ASSISTANCE PROGRAM**  
**Property Owner Program Participation-Payment Acceptance Agreement**

Tenant: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

**SECTION I - COMPLETED BY THE PROPERTY OWNERS**

The Property Owner (legal owner of the residence referenced above) must complete this Section.

☐ I would like to participate in the County of Los Angeles COVID-19 Rent Relief Program (Program). To receive payment, I will provide this signed Program Participation-Payment Acceptance Agreement (Agreement) and a W-9 Request for Taxpayer Identification Number and Certification

☐ Please check this box if the tenant has provided notice that they are unable to pay rent due to economic impact of COVID-19 and is now seeking rental assistance.

Monthly Rent: \$ \_\_\_\_\_ Number of Months Past Due since March 1, 2020: \_\_\_\_\_  
 Total Past Due Rent: \$ \_\_\_\_\_ Which Months Past Due? \_\_\_\_\_

PROPERTY OWNER'S NAME (PLEASE PRINT) \_\_\_\_\_

MAILING ADDRESS

PROPERTY ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

**PROPERTY OWNER**

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the Tenant does not reside at my Property Address. If I receive a direct rent payment for a month that the Tenant did not reside at the Property Address, I shall remit to Los Angeles County Development Authority, hereafter referred to as LACDA, an amount that represents the overpaid rent. To return such amounts or payments, I shall call LACDA at (626) 586-1760, and mail payment to LACDA-700 W. Main Street, Alhambra, CA 91801. I must return a direct rent payment to the LACDA if the Tenant has moved. I understand that if I falsely represent the amount of monthly rent, amount of rent due or the number on months past due in order to receive this payment, I may be committing fraud. I may be prosecuted if I commit fraud or knowingly assist a Tenant to commit fraud. I understand that making a false statement or providing false information is subject to civil and criminal penalties, including confinement and fines under the laws of the State of California (including but not limited to California Penal Code § 115, 118, 487, & 532 and Welfare and Institution Code § 11054) and the laws of the United States of America (including but not limited to 18 U.S. Code 1001). Criminal charges may include but are not limited to: perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments and may be subject to other penalties imposed by Federal, State and/or local law. I may not acquire rights to sue County of Los Angeles or LACDA for payment of rent or for a breach of any obligations by the Tenant.

I also understand and certify that:

- ☐ I have not received any other subsidy and/or assistance from or on behalf of this Tenant for full or partial monthly rental payment(s).  
☐ I have received the following subsidy and/or assistance from on or behalf of this Tenant for full or partial monthly rental payment(s)

Month	Amount	Organization/Agency

☐ I agree to receive rent payments from LACDA for the following month(s):

Month	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

I also understand and agree that as a condition of receiving rental assistance:

- ☐ I will not impose a rent increase on Tenant for 12 months after the County's Eviction Moratorium is terminated.
- ☐ I will not charge Tenant any interest or late fees owed and will not apply any of the payment(s) to late fees or interest.
- ☐ I will not evict the tenant for 6 months after the County's Eviction Moratorium is terminated, as a condition of receiving the rent payments from the LACDA.
- ☐ I will provide Tenant with a written receipt, indicating the months and amounts that the Tenant has directed me to credit the rent owed during the period of March 1, 2020 through December 30, 2020. Tenant(s) will be released from any remaining obligation for any past due or future rent for which the rental assistance is received.

The rental assistance is limited to the covered period of March 1, 2020 through December 30, 2020. There can be no duplication of rent. I understand that assistance may be terminated if it is determined I am or Tenant(s) were no longer eligible, never eligible, or failed to submit all required documents.

**THE PROPERTY OWNER MUST SIGN AND DATE:**

PROPERTY OWNER NAME (PLEASE PRINT)	PROPERTY OWNER SIGNATURE:	DATE:	TELEPHONE NUMBER:

**PLEASE COMPLETE AND SUBMIT THE ATTACHED W-9 Request for Taxpayer Identification Number and Certification**

**SECTION II - COMPLETED BY LACDA STAFF**

PROPERTY OWNER(s)

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

The Los Angeles County Development Authority hereafter referred to as LACDA, administers this Program and has verified the lease/agreement and other eligibility documentation by the Tenant and Landlord identified above and determined that this household is eligible to receive Rent Relief Assistance Program. This Program is funded by the County of Los Angeles through the federal CARES Act funding and provides monthly rental and/or monthly rental arrears payments directly to the Landlord/Legal Owner on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. LACDA will issue these rent assistance payments on behalf of the Tenant to the Property Owner for the rent owed by the Tenant. This Agreement and a completed *W-9, Request for Taxpayer Identification Number and Certification* must be returned to the LACDA staff in order to process the payment(s). Payment(s) will be issued to the Landlord as defined below:

RENTAL ASSISTANCE PROVIDED

Amount \$ \_\_\_\_\_

ANTICIPATED TERMS OF ASSISTANCE

LACDA STAFF NAME (PLEASE PRINT)

LACDA STAFF SIGNATURE

DATE

TELEPHONE NUMBER