Fort Bend County Rental Assistance Program

Landlord Application

Participants will benefit from the following:

- Direct rent payment to the landlord for eligible and approved Coronavirus impacted tenants
- Direct payment to utility vendor for eligible and approved Coronavirus impacted customers

We request your participation in this special COVID-19 rental and utility assistance program.

*Required fields

Personal Information

To enroll, you must agree to the terms listed below.

1. Be in good standing with the County and State of Texas;
2. Provide a valid and complete W9;
3. Provide an accurate and current detailed rent roll or roster of tenants eligible for the program;
4. Agree to accept rent payment directly from the County, and charge no penalties, late fees or any other consequential fees; and
5. Agree to refrain from initiating any eviction process for the month(s) the tenant has applied for assistance or to rescind any such process that is underway.

NOTE: Rental payments made under the program will not exceed $2,000 a month.

I agree to terms above.* ☐

Full Company Name* _____

Contact Person _____

If different from company name.

Email* _____

Phone* _____

Company Street Address* _____

City* _____

State* _____

Zip* _____

Mailing Address

Same as Company Address?* ☐

Street Address _____

City _____

State _____

Zip _____

Are you aware of or have you received rental assistance payments from any state or local government program on behalf of the tenant?*

☐ Yes

☐ No

Provide details on the assistance you have received

_____

Requested Properties to Include with Agreement

Please provide list of rental properties associated with the Landlord/Vendor. By acknowledging properties listed below, the participating Landlord is agreeing to the program terms covering these rental properties.

Rental Properties

Street Address	City	State	Zip

Payment Options

If you prefer to mail check, then check will be mailed to mailing address previously provided.

Method of Payment*

- [ ] ACH
- [ ] Mailed Check

Bank Name _____

Account Number _____

Routing Number _____

Terms and Conditions

By checking the following agreement and submitting this online form, I/WE, THE UNDERSIGNED, HEREBY CERTIFY AND ATTEST TO THE FACT THAT ALL OF THE INFORMATION I HAVE PROVIDED ABOVE IS ACCURATE AND NOT FALSELY PROVIDED. FALSELY PROVIDED INFORMATION WILL RESULTE IN REJECTION OF THE APPLICATION AND DENIAL OF ANY PARTICIPATION IN THE PROGRAM. FALSIFYING INFORMATION MAY ALSO RESULT IN PROSECUTION FOR VIOLATION OF FEDERAL LAW FOR MISSTATING, MISREPRESENTING ANY SUCH INFORMATION PER TITLE 18 U.S.C § 1001 (FALSE STATEMENTS, CONCEALMENT).

I/we understand that the information submitted will be verified prior to approval.

I agree to the terms and conditions.*

- [ ]

Signature (full name)* _____