



EMERGENCY RENTAL ASSISTANCE FUND

AGREEMENT OF UNDERSTANDING AND PARTICIPATION

The EMERGENCY RENTAL ASSISTANCE FUND is operated by Lutheran Social Services of Northwestern Ohio, in **partnership with City Of Toledo**. The ERAF assists families that meet certain eligibility requirements who agree to participate who and are eligible and negatively impacted by the COVID19 reduction in income or job loss and delinquent on their rental payments. Families will be provided with up to \$2500 in rental assistance and not exceed 3 months of assistance. The underlying purpose of this program is to assist the family with their inability to pay rent which threatens the housing stability for the tenants. Families who are deemed eligible for the EMERGENCY RENTAL ASSISTANCE FUND will also be provided with free financial coaching services needed to establish and achieve their individual goals, including a long-term plan for maintaining stable housing.

The EMERGENCY RENTAL ASSISTANCE FUND will make an initial payment of arrearages (not to exceed \$1,500) on behalf of eligible families and free financial coaching is available. A rental assistance arrangement will be outlined in the signing of the Payment Agreement with client and assigned Financial Coach. The funds will go directly to the landlord/property manager by mail, or the authorized agent of the landlord/may pick up payments at our office.

By signing this agreement, all parties understand:

- Participant must provide a copy of current rental lease agreement, and verification of the amount of arrearages owed at program entry.
- Landlord agrees to provide a current W-9 to Lutheran Social Services of Northwest Ohio.
- Initial rental payments take approximately 7 days to process.
- Rental assistance is short-term and provided on a CASE BY CASE and on a month-by-month basis.
- If, upon program entry, an eviction is pending in Toledo Municipal Court between the parties to this agreement, proof of dismissal will be required upon receipt of rental assistance payment.
- If participant is served a 3 day notice to vacate during the term of this agreement, payments under the ERAF program will cease immediately .

BY SIGNING BELOW, THE PARTIES ACKNOWLEDGE THAT THEY UNDERSTAND AND AGREE TO THE TERMS OF THE PROGRAM STATED HEREIN.

Participant Name (please print): _____

Participant Signature

Date

Landlord/Authorized Agent (please print): _____

Landlord/Agent Signature

Date

LSS Staff Member Name: (please print): _____

Lutheran Social Services Staff Signature

Date