

City of Boston Rental Relief Fund RENTAL RELIEF FUND OWNER CONTRACT

Office of Housing Stability
26 Court Street Boston, MA 02108

Date of Contract _____

Participant Name _____

Participant Address _____

The Rental Relief Fund (RRF) Administering Agency intends to provide the following financial assistance on behalf of the above named Participant (must insert "N/A" if Not Applicable):

Monthly Rent Amount \$ _____

Total Amount of Rental Assistance \$ _____ (up to three months and may not exceed \$4,000)

Owner Acknowledgements

- I certify that I am the property owner (or authorized agent for the owner) of the above referenced property (Participant Address).
 - I certify that by accepting payments for rent in accordance with this Agreement,
 - I will reinstate the Participant's tenancy.
 - I will not proceed with eviction (if an eviction case has been filed).
 - I will notify the Office of Housing Stability if there are any changes in Participant's tenancy
 - I will participate in mediation sessions with mediators at the Office of Housing Stability if any issues arise with Participant's tenancy.
 - If the RRF Administering Agency makes a rental assistance payment on behalf of the Participant, I agree to comply with all landlord obligations in accordance with M.G.L., c.186 s. 15B.
 - If the Participants' tenancy is terminated prior to the period for which any monthly rental assistance payments were made, I agree to return the unused balance of said funds to the RRF Agency.
 - Nothing in this Agreement precludes the owner/agent from using any and all remedies available under law, including the institution of eviction proceedings against the Participant, if the Participant fails to pay any future rent due after the date of this Agreement.
 - If I receive payments on behalf of _____ to cover _____'s obligation for the same period of time for which assistance is provided under this Contract, I will immediately notify _____ and will reimburse the _____ within 10 business days. Such payments shall include, but shall not be limited to those made by any governmental or nonprofit agency, insurance company, or family, friends, or associates of the _____.
[participant] [participant] [subrecipient] [participant]
- Reimbursement to _____ shall be in the amount of this contract, or the amount of payment made on _____'s behalf, whichever is greater.
[subrecipient] [participant]

Property Owner/Agent Signature

RRF Administering Agency Staff Signature

Property Owner/Agent Name

RRF Administering Agency Staff Name & Title

Property Owner/Agent Address

**Contact information for the Office of Housing
Stability: (Email) housingstability@boston.gov
(Phone) 617-635-4200**

Property Owner/Agent Phone