## City of Boston Rental Relief Fund **Funding Acceptance Letter**

Office of Housing Stability 43 Hawkins St. Boston, MA 0211	.4	Expiration Date:
# of months covered by RRF awa	rd:	
Tenant(s) Name:		
The Rental Relief Fund (RRF) Adnamed Participant (must insert "N		Agency intends to provide the following financial assistance on behalf of the above pplicable):
Monthly rent amount	\$	_
Arrears owed	\$	
City portion of future stipend	\$	For months:
Moving expenses	\$	_ First month, last month, and/or security deposit allowed
All Total RRF assistance	\$	_ (Up to 18 months - arrears, stipends, and/or moving expenses not to exceed
\$10,000)		
The Rental Relief Fund (RRF) red	quires that par	rticipants pay 30% of their household income towards any future rental assistance.
Amount tenant to pay	\$	For months:
<ul> <li>I agree not to proceed rental assistance.</li> <li>I agree to dismiss an</li> <li>I agree to notify the O</li> <li>I agree to participate with Participant's ten</li> <li>If the RRF Administerin landlord obligations in a</li> <li>If the Participant's tenan agree to return the unuse</li> <li>Chapter 151B of the Ma state, or local housing su A landlord's refusal to a circumstances, constitute declining rental assistance</li> <li>Nothing in this letter pre of eviction proceedings and contents.</li> </ul>	eviction case Office of House in at least one lancy. g Agency mal ccordance with decry is terminate decry is	ted prior to the period for which any monthly rental assistance payments were made, I said funds to the RRF Agency.  eneral Laws prohibits discrimination by a landlord against any tenant receiving federal, ding rental assistance or rental supplements, because the individual is such a recipient. Incy rental assistance, that covers the entire amount owed to the landlord, may, in some of Chapter 151B. Landlords should consult their own legal counsel for advice before all outstanding rent arrears.  Increase any any and all remedies available under law, including the institution reticipant, if the Participant fails to pay any future rent due after the date of this letter. mation or making false statements may be grounds for denial of my application. I also
Property Owner/Agent Signature		RRF Administering Agency Staff Signature
Property Owner/Agent Name		RRF Administering Agency Staff Name & Title

 $Contact\ information\ for\ the\ Office\ of\ Housing\ Stability:\ (Email)\ rrf@boston.gov\ ||\ (Phone)\ 617-635-4200$ 

Property Owner/Agent Phone

Date Letter Signed: