



OFFICE OF COMMUNITY DEVELOPMENT  
 474 BROADWAY, THIRD FLOOR  
 SARATOGA SPRINGS, NEW YORK 12866  
 518.925.0481 X2575  
 SARATOGA-SPRINGS.ORG/167/COMMUNITY-DEVELOPMENT

**COVID-19 EMERGENCY HOUSING ASSISTANCE  
 PROGRAM (CEHAP)  
 LANDLORD VERIFICATION FORM**

**PARTICIPATING PROVIDER INFORMATION**

ORGANIZATION NAME: \_\_\_\_\_ CASE MANAGER/PRIMARY CONTACT NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TENANT INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_

PLEASE CHECK THE FOLLOWING BOX IF TENANT IS A DOMESTIC VIOLENCE VICTIM, AND ABOVE INFORMATION CANNOT BE RELEASED DUE TO CONFIDENTIALITY ISSUES.

**LANDLORD INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_

**VERIFICATION – ASSISTANCE REQUEST**

WAS TENANT CURRENT ON ALL RENT PAYMENTS AS OF MARCH 1, 2020?  YES  NO

IS TENANT IN ARREARS ON RENT?  YES  NO IF YES, TOTAL DUE: \_\_\_\_\_ FOR WHICH MONTHS? \_\_\_\_\_

WILL CEHAP AND OTHER CONFIRMED SOURCES OF ASSISTANCE, AS APPLICABLE, PREVENT EVICTION?  YES  NO

I CERTIFY THAT \_\_\_\_\_ (NAME OF PROPERTY) IS OWED THE ABOVE AMOUNT, AND THAT AS ITS DESIGNATED AGENT AND REPRESENTATIVE, I HAVE ENTERED INTO A PAYMENT ARRANGEMENT WITH THE ABOVE NAMED TENANT FOR ANY UNPAID PORTION OF THEIR RENT BALANCE. I WILL MAKE INDIVIDUAL REPAYMENT AGREEMENTS WITH THE ABOVE-NAMED TENANT AVAILABLE TO THE LISTED PARTICIPATING PROVIDER FOR REVIEW UPON REQUEST.

I UNDERSTAND THAT IN GRANTING THIS ASSISTANCE, THE CITY IS WORKING WITH THE PARTICIPATING PROVIDER TO REDUCE THE TENANT'S FUTURE REPAYMENT BURDEN AND REDUCE THE TENANT'S FINANCIAL HARDSHIP RELATED TO COVID-19. WHILE THE PARTICIPATING PROVIDER WILL CONTINUE TO WORK WITH TENANTS TO IDENTIFY RESOURCES AND ASSISTANCE, INCLUDING TO PAY RENT, BUT THAT ANY UNPAID PORTION OF THE RENT BALANCE REMAINS THE RESPONSIBILITY OF THE TENANT. IF THE TENANT DOES NOT PAY THE UNPAID PORTION OF THE RENT ACCORDING TO THE REPAYMENT AGREEMENT, I UNDERSTAND THAT I MAY BE ABLE TO TAKE LEGAL ACTIONS AGAINST THE TENANT, BUT I AGREE THAT IN EXCHANGE FOR THIS PAYMENT I WILL ONLY INSTITUTE LEGAL ACTION, INCLUDING AN EVICTION PROCEEDING, AFTER CONSULTATION WITH THE PARTICIPATING PROVIDER. I ALSO UNDERSTAND THAT I MAY PURSUE LEGAL ACTIONS, INCLUDING THOSE WHICH MAY RESULT IN AN EVICTION IF THE ABOVE NAMED TENANT VIOLATES OTHER TERMS OF THEIR RENTAL AGREEMENT.

LANDLORD SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_



*The City of Saratoga Springs does not discriminate on the basis of age, race, color, gender, religion, handicap, sexual orientation, familial status or national origin in employment or the provision of services.*

**WARNING: TITLE 18 US CODE SECTION 1001 STATES THAT A PARTIES ARE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. IF KNOWINGLY FALSE OR INCOMPLETE INFORMATION IS PROVIDED, RESPONSIBLE PARTIES MAY BE REQUIRED TO RETURN ALL ASSISTANCE PROVIDED, FINED UP TO \$10,000, IMPRISONED FOR UP TO 5 YEARS; AND/OR PROHIBITED FROM RECEIVING FUTURE ASSISTANCE.**