



Eviction Rent Assistance Program (ERAP)

Friend/Family Payment Agreement Form

Instruction: Use this form if the household is informally renting from a friend or family member. Complete Sections 1 and 2 with client. ERAP staff calculates Section 3. Contact friend/family to complete Section 4 & 5.

1. Household Information, Rental Address/Information									
Household ID: <small>(cannot include personal identifying information such as initials or birth date in ID)</small>					Date:				
Name:					Phone number:				
Street:									
City:					State/Zip Code:				
To determine Fair Market Rent, what are the number of bedrooms in Friend/Family house :					How many rooms is the household paying for? If only paying for a "sleeping space," indicate "1."				
2. Rent Request – limited to 3 months									
a. What is the household's monthly rent/payment obligation?					\$				
b. Indicate below the month/s the household is requesting rent: arrears, current or future and what is owed in each month?									
<input type="checkbox"/> March \$	<input type="checkbox"/> April \$	<input type="checkbox"/> May \$	<input type="checkbox"/> June \$	<input type="checkbox"/> July \$	<input type="checkbox"/> Aug \$	<input type="checkbox"/> Sept \$	<input type="checkbox"/> Oct \$	<input type="checkbox"/> Nov \$	<input type="checkbox"/> Dec \$
c. What is prorated <u>Fair Market Rent</u> on this Unit (100% FMR) based on the number of rooms?					\$				
d. What is the total rent and/or rental arrears due? (line b.)					\$				
3. Maximum Friend/Family Payment – Select the rent limit method a. or b. below that calculates the greatest amount. Total ERAP Payment cannot be more than total rent due in line 2.d.									
a. <input type="checkbox"/> 80% of Total Due (line 2.d. x .8)					\$				
b. <input type="checkbox"/> <u>Fair Market Rent</u> x # months of payment obligation (line 2.c.)					\$				
What is Total ERAP Payment (no more than total rent due in line 2.d.):					\$				
4. Friend/Family member information for payment									
Name:					Phone number:				
Payment Address:									
City:					State/Zip Code:				
5. Friend/Family Signature									
I certify the above information is true and will accept the program payment of \$_____ as full satisfaction of any balance owed through _____, 2020, for the household residing at address above. No late fees or additional charges will be made for the months covered after I receive the ERAP Payment.									
Print name/Signature/Date:									