

Iowa Rental Assistance Program
LANDLORD AGREEMENT for RENTAL ASSISTANCE



This Landlord Agreement confirms that _____ (tenant's name) is approved to rent property at: _____ (address). According to the tenant's lease, rent is due on the _____ of each month. There is a grace period of _____ days. The late payment penalty is \$ _____. Monthly rent is \$ _____.

Term of Agreement/Residency Period (dates) _____

Utility responsibilities for this rental unit are:

- Electric : Tenant Landlord
Gas: Tenant Landlord
Water & Sewer: Tenant Landlord

Payment terms: Mail all checks to the address below Other: _____

By signing below, I certify that:

- I am entering into this Landlord Agreement with (agency name).
- I am either the owner of the property named above or authorized to act on behalf of the owner.
- I have submitted a signed W-9 form to the agency named above during the current calendar year.
- I agree to accept funds from the agency named above towards the payment of the balance due which will guarantee residency for the period(s) noted above.
- I agree that during the term of this agreement, I must give to the agency named above a written copy of any notice to the tenant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the tenant.***
- This agreement will terminate if the tenant moves out, the lease terminates, or the tenant becomes ineligible for rental assistance, and no further payments will be made.

Landlord Name: _____

Signature: _____

Date signed: _____

Check payable to: _____

Phone: _____

Address: _____ City, State, Zip: _____ Fax: _____

Email (optional): _____

Agency Representative: _____

Signature: _____

Date signed: _____

Please note: The rental assistance agreement does not take the place of the lease, or vice versa.