

Puyallup Tribe of Indians ERAP
COVID-19 Emergency Rental Assistance Program Policy
LANDLORD NON-EVICTION AGREEMENT

1. Tenant's Name: _____
2. Landlord's Name: _____
3. Rental Unit/Address: _____
4. Household members:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. Lease Term: _____ to _____
6. Rent Paid to Landlord: _____
7. Form of Rental Assistance (Check all that apply):
 - Prospective Rent Assistance
 - Rent Arrears Assistance
 - Other (specify): _____

Under this Landlord Non-Eviction Agreement (Agreement), the landlord identified above in Section 2 (Landlord) will receive from PTOI ERAP financial assistance to cover the above-named tenant's (Tenant) rental obligations for a specified period of time ("Rental Assistance Payment"). Landlord acknowledges it will receive this Rental Assistance Payment through the PTOI ERAP's Emergency Rental Assistance Program Policy (Policy). Under the Policy, and pursuant to requirements of the United States Department of Treasury, a landlord may not

evict or in any way remove a tenant from a rental unit for nonpayment of rent while receiving Rental Assistance Payments.

I, _____, hereby acknowledge and agree that, in exchange for acceptance of Rental Assistance Payment under the Policy:

1. I will not evict Tenant or terminate Tenant's rental agreement for nonpayment during the period of tenancy for which the Rental Assistance Payment(s) are provided;
2. I will not evict Tenant or terminate Tenant's rental agreement for nonpayment for up to _____ days beyond the period covered by Rental Assistance Payment(s);
3. If I evict Tenant or terminate Tenant's rental agreement for nonpayment for the time covered by the Rental Assistance Payment, PTOI ERAP may immediately withhold any and all future payments made under the Policy and PTOI ERAP will be entitled to immediate repayment of any Rental Assistance Payment paid to me for rental assistance covering that period; and
4. I irrevocably commit to use the Rental Assistance Payment(s) provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears). I further understand that PTOI ERAP is relying on these representations and commitments as the basis for providing the assistance requested.

Signatures:

PTOI ERAP

Landlord

Staff Member Name and Title

Name

Signature

Signature

Date

Date

Mail Payments To:

