



T-RAP Utility Payment Agreement Form Version 3

Instructions for T-RAP service provider: Complete Sections 1,2, and 5 (if applicable) with head of household. **If landlord is initiating on behalf of tenant:** “Landlord” includes property manager/owner or other person authorized to seek rent payment, including friends/family. Landlords may complete Sections 1,2, and 4. (T-RAP service provider completes section 3). The T-RAP service provider will contact the tenant to determine eligibility. Household must complete Section 5 if application initiated by Landlord*. Submitting this form does not guarantee payment.

| 1. Household/Tenant and Rental Information | |
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| Household ID <i>(completed by T-RAP service provider):</i> | Date: |
| Name: | |
| City: | State/Zip Code: |
| 2. Utility Request – limited to 12 months | |
| Indicate below the months the household/tenant utility payment is past/currently due. Assistance cannot be provided for arrears that were accrued before March 13, 2020. March arrears must be prorated from March 13 to the end of the month. All payments for utilities and home energy costs <u>should</u> be supported by a bill, invoice, or evidence of payment to the provider of the utility or home energy service. If this documentation is not available, please use the Self-declaration Form. | |
| Payment to Landlord <input type="checkbox"/> Payment to Utility Provider <input type="checkbox"/> | Landlord/Utility Provider Name: Utility Type(s): Landlord/Utility Provider Tax ID or DUNS #: Landlord/Utility Provider Address: |
| Year: Months Assistance Requested: Total \$/Payment Requested: | |
| Payment to Landlord <input type="checkbox"/> Payment to Utility Provider <input type="checkbox"/> | Landlord/Utility Provider Name: Utility Type(s): Landlord/Utility Provider Tax ID or DUNS #: Landlord/Utility Provider Address: |
| Year: Months Assistance Requested: Total \$/Payment Requested: | |
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|--|--|
| Payment to Landlord <input type="checkbox"/> Payment to Utility Provider <input type="checkbox"/> | Landlord/Utility Provider Name: Utility Type(s): Landlord/Utility Provider Tax ID or DUNS #: Landlord/Utility Provider Address: |
| Year: Months Assistance Requested: Total \$/Payment Requested: | |
| 3. Total Amount of Utility and Home Energy Arrears Paid: \$ Total Number of Months Paid: <i>Reminder: Documentation of payments made to a utility provider or a landlord on behalf of the household must be provided to the household.</i> | |
| 4. Landlord, property manager/owner, or person authorized to accept payment | |
| <i>As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will accept the program payment of \$_____ as full satisfaction of any utility balance owed for the months paid by the program. No late fees or additional charges will be made for the months covered after I receive the T-RAP Payment.</i> | |
| Landlord Print Name/Signature/Date: | |
| 5. Household Signature* <i>(Required when landlord initiates assistance. This can be obtained by the landlord or service provider. Electronic signatures, or verbal/electronic verifications are allowable.)</i> | |
| Household Signature/Date: | Verbal/Electronic Verification (check box)/ Date: <input type="checkbox"/> |