

VT State Housing Authority (VSHA)
Rental Housing Stabilization Program (RHSP)
Landlord Certification of Need for Rental Assistance Page 1



Legal Business Entity Name (For example, Individual/Sole Proprietor, Corporation/Partnership Name, or LLC, as shown on your income tax return): _____

Mailing Address: _____

Landlord Phone Number: _____ Landlord Email: _____

Monthly Rent/Lot Rent Amount \$ _____ Rent Arrears \$ _____

Number of Bedrooms in unit _____

Is the owner of this property a resident of Vermont? ____Y ____N

Tenant First Name: _____ Tenant Last Name: _____

Phone number: _____ Email: _____

Rental Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Tenant Mailing Address (if different): _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Check the group that most accurately describes the situation and fill in details as appropriate:

Group 1: ____I have not received my full monthly rent for the above-named tenant, (including an agreed reduced or postponed rent) from the date of _____, through _____, which resulted in lost rent totaling \$_____. In order to expedite grant claim BEST PRACTICE is to include the Tenant Application for this unit with the Landlord Certification. We encourage you to communicate with your tenant regarding the information contained in the application.

Group 2: *(Occupied unit ONLY)* ____I will accept 1/2 of past due rent for the period from _____, through_____, and may proceed with eviction after the state moratorium is lifted. I understand the tenant will be notified and may object. I am applying for Group 2 rather than Group 1 because (Check all that apply):

____I am unable to get in touch with my tenant to apply for full back rent

____I am in the process of selling my building/ personal house and need the building to be empty

____I need to move back into my home

____The tenant is damaging the property

____I attempted to contact the tenant to collect arrearage on date: _____

____Other reason: _____

Group 2-B Vacancy Loss: *(New)* ____For the landlords that, A) applied under Group 1 and the tenant did not submit an application, or B) applied under Group 2, but the tenant vacated the unit before the grant claim was processed and paid, or C) the tenant vacated the rental unit after March 1, 2020 owing unpaid rent and the landlord is able to document lost rent as a result. For Group 2-B, VSHA will pay half the amount owed for any arrearages incurred after March 1, 2020. Arrearages pre-March 1 will not be reimbursed.

Required Documentation:

- Copy of rent ledger
- Date vacated, or date that the landlord became aware of the vacancy

For VSHA Use Only:

Program Approval

Accounting

Approved for Payment: _____ Payment amount \$ _____ Date paid: _____ Initial: _____

All forms dated previous to 9-3-20 are obsolete

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Has the unit been re-rented? If so, on what date _____? If not rented, is the unit in rentable condition?
____Y ____N. Do you need access to loan/grant monies to re-rent unit? ____Y ____N
Provide tenant contact information of new address if known _____

Have you already filed a case in court? Y ____ N ____ . If yes, name of attorney, if any: _____
VSHA, VT Legal Aid, or the VT Landlords Association will attempt to contact tenant for certification.

You must initial each certification:

- _____ I will not take action to evict for nonpayment of rent for the same number of months in the future as the payment covers in the past, or six (6) months, whichever is less or while an application for rent arrears is pending. *Not Applicable to Group 2 or 2-B*
- _____ I will waive any pending eviction action that arose prior to receipt of this payment. *Not Applicable to Group 2 or 2-B*
- _____ I will waive contract rent in excess of VSHA payment standards for the months' rent was in arrears. *Not Applicable to Group 2 or 2-B*
- _____ I certify this unit is currently occupied by the tenant identified on page 1 of this application.
- _____ To the best of my knowledge and belief there are no violations of the Rental Housing Health Code. https://www.healthvermont.gov/sites/default/files/REG_Rental_Housing_Code.pdf
- _____ If applicable, I have received a copy of the tenant's application/certification form listing needed repairs.
- _____ I will not increase the contract rent before January 1, 2021, or when my rental agreement ends, whichever is later (Please see FAQs for subsidized rental units or mobile home parks).
- _____ I will not discriminate against the tenants on the basis of race, color, national origin or ethnicity, religion, disability, minor children, sex, gender identity, sexual orientation, abuse, sexual assault or stalking, age, receipt of public assistance or marital status.

All of these forms are needed for a complete Application:

- Tenant Application
- Landlord Certification
- Landlord W-9
- Landlord Direct Deposit Authorization
- Voided Check or other Bank Account documentation with account and routing number

Check the box if you:
_____ Received payment through RHSP prior to this submission
_____ Received payment through RHSP for this tenant covering previous months

I hereby declare that the above information is true and accurate to the best of my knowledge and belief and that I am signing under penalty of perjury under Vermont law. I am signing by electronically entering my name below or providing an original signature. I understand all information, other than demographic, on this form will be shared with my landlord and/or tenant.

Landlord Signature: _____ Date: _____

For VSHA Use Only:

<i>Program Approval</i>	<i>Accounting</i>	
Approved for payment: _____	Payment amount \$ _____	Date Paid: _____ Initial: _____

All forms dated previous to 9-3-20 are obsolete