



## FCDJFS Housing Assistance Need Form

**Purpose:** The tenant named below has applied for housing assistance from Franklin County Department of Job & Family Services (herein FCDJFS or Franklin County). In adherence with program rules, FCDJFS is required to obtain verification of the tenant's need and payment remittance information. It is also required that you as the landlord/property owner, agree to the terms and conditions set forth in this form and provide the requested information and/or documents. Doing so allows FCDJFS to process and make timely payments. Failure to do so will delay payment or may result in a denial of this request.

<b>Tenant:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**RENT:** the rent amount indicated here must match the amount listed in the current lease agreement. FCDJFS requires a copy of the lease. An official ledger may be submitted if additional space is needed. This section may be used for prospective rent if applying for ERA or PRC PLUS funds, as long as those funds are available.

Month	Due Date	Monthly Amount	Portion Tenant Paid	Remaining Amt Due	Notes
<b>Total Amount of Rent Requested:</b>				<b>\$</b>	

**UTILITIES INCLUDED IN RENT:** To be considered as part of the rent, the lease must specify which utility is included and how it is to be paid. A utility addendum is acceptable.

Month	Due Date	Monthly Amount	Portion Tenant Paid	Remaining Amt Due	Notes
<b>Total Amount of Utilities Requested</b>				<b>\$</b>	

**OTHER FEES:** Not all fees are eligible for payment. Requests must fall within allowable program criteria.

Type of Fee	Month	Due Date	Portion Tenant Paid	Remaining Amt Due	Notes
<b>Total Amount of Fees Requested:</b>				<b>\$</b>	

**Amount of Total Request: \$ \_\_\_\_\_**

**Terms of Attestation and Agreement by the Landlord/Property Owner/Property Manager:**

- I understand that this form is not a guarantee of payment.
- I understand that program staff will review all information provided to determine the tenant’s eligibility and what, if any, assistance can be approved.
- I confirm all the information and documentation provided are complete, accurate, and current.
- I agree to accept housing assistance funds from Franklin County and abide by the terms and conditions set forth in this form.
- I agree that the funds provided will be used only for the intended purposes of the program.
- I agree that should a payment be made for rent arrears it will be considered as payment in full. Any pending eviction for this amount will be dismissed or that I will file a motion to vacate an eviction judgement within 30 days of receiving payment. I further agree that I will not file an eviction on this tenant for non-payment for at least the 30-day period following the payment by Franklin County.
- I agree that should a payment be made for prospective rent; this payment will secure housing for this tenant for at least the time covered under this payment.
- I agree that should the tenant vacate the property prior to the time covered under the payment, a refund will be made to Franklin County for the portion of time the tenant was not in the property.
- I agree that should I receive a duplicate payment for this tenant for rental arrears or prospective rent I shall return the payment to Franklin County.
- I understand that a W9 Form is required for payment. If Franklin County has a correct and current W9 Form on file a new form may not be required. I understand any missing or incorrect information on the W9 Form may delay payment or result in the denial of a payment. It is imperative the name and tax ID number on the submitted W9 Form match IRS records.

**AGREEMENT TO PARTICIPATE:** By signing below, I, the landlord or legal representative, certify that I understand and agree to the terms of this form.

<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	

**PAYMENT REMITTANCE:** If approved for assistance the payment will be mailed to the address provided below. This company name must match the name on the Lease and the W9 Form. If there is a property management agreement in place FCDJFS will need a copy of it and the property manager’s W9 Form.

<b>Company Name:</b>	<b>Complex Name (if applicable):</b>	<b>Phone:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Contact Person:</b>	<b>Contact Phone:</b>	<b>Email Address:</b>	

**REFUSAL TO PARTICIPATE:** If you refuse to participate in this program, we are required to document such. Please complete the following:

<b>Statement:</b>	<b>I refuse to participate in the program</b>		
<b>Name:</b>			
<b>Position/Title</b>			
<b>Email:</b>			
<b>Signature:</b>			<b>Date:</b>

The completed form and any other required documentation can be submitted by the tenant or you, at:  
[franklin-CDJFS-agencyprc@jfs.ohio.gov](mailto:franklin-CDJFS-agencyprc@jfs.ohio.gov)

Information on all Financial Assistance Programs can be found on our website at:  
[Emergency Assistance \(PRC\) - Franklin County Department of Job and Family Services \(franklincountyohio.gov\)](http://www.franklincountyohio.gov)