

Rental Assistance Agreement
TO BE COMPLETED BY PROPERTY MANAGER OR PROPERTY OWNER

This is to verify that _____ is a tenant residing at _____, City _____, State _____ Zip _____ with _____ (including the tenant, total number of household members). The rent is \$ _____ per month. As of the date of this agreement, the tenant(s) account has a past due balance (including all eligible fees) of \$ _____. The past due amount includes ALL amounts due for the month(s) of _____

EDP will be responsible for covering court costs (i.e. filing fees, processing fees, etc.) and the tenants will be responsible for covering attorney fees. The lease renewal date is _____ and the (select one below)

- Current Lease has 6 months or more remaining or,
- Landlord agrees the rent will not increase upon renewal greater than 10%.

If the above-mentioned tenant is eligible for assistance, I, the Property Manager/Owner, agree to accept The LJD Jewish Family & Community Services, Inc. (JFCS) voucher. It is agreed, by signing this Rental Assistance Agreement, that I, the Property Manager/Owner, have the legal right to lease the above-mentioned property to the tenant and that the tenant owes the amounts indicated on this form. I further attest, as the Property Manager/Owner, that I am not a relative or family member of the tenant nor do I reside in the same household. Failure to disclose this up front is considered fraud and is a crime punishable under federal law. No security deposits are eligible when assisting individuals/households.

Payment will be received within fifteen (15) business days, once the case has been approved by an Eviction Coordinator. Questions pertaining to the housing payment may be directed to Financial Assistance Department at Financial.assistance@jfcsjax.org. The housing payment will be made payable to the Property Owner or the incorporated business name only.

PLEASE COMPLETE IN FULL

I agree to comply with the terms of the [Second Amended Administrative Order No. 2024-02](#), and upon payment of rental assistance that brings the tenant's account balance to zero, I agree to immediately file a [Notice of Dismissal and Receipt of Eviction Diversion Program Funds](#) (see www.jacksonvilleevictiondiversion.org for a copy of the Order and Notice). I further agree not to charge the tenant any additional late fees that may accrue after the date of this agreement for any months paid by JFCS. I agree to waive any amounts not disclosed above to JFCS.

PAYEE (AS SHOWN ON TAX RETURN): _____

BUSINESS NAME (if different than above): _____
CHECK IF REALTOR IS ACCEPTING PAYMENT FOR OWNER

SOCIAL SECURITY NUMBER OR _____ Check appropriate Individual/Sole Proprietor Corporation Partnership Other _____

FEDERAL TAX ID _____
(REQUIRED FOR PROCESSING):

FULL MAILING ADDRESS _____

(cannot be The Household mailing address)

TENANT'S RESIDENCE (select one): DUVAL COUNTY BEACHES BALDWIN

PROPERTY MANAGER/OWNER (printed) _____

**** Landlord's participation in this program and receipt of rental assistance, does not prevent a landlord from filing a future eviction lawsuit against the tenant in the event of a future lease violation. Landlord must dismiss the current lawsuit once tenant's account balance is zero.**

Signature: _____ Email: _____

Phone: _____ Cell: _____

To be completed by Eviction Diversion Program Coordinator

Date (month/day/year): _____

Rent payment \$ _____ Total owed \$ _____. The approved rent amount being paid by JFCS \$ _____. The amount being paid is past due in its entirety at time of payment Yes No