

**HRDC District IX- Home to Stay Program
Landlord Request for Financial Assistance**

Please print legibly. Landlord and/ or Property Manager must complete this form. If requesting assistance with utility deposit or payment – please provide original bill instead of this invoice. Return to HRDC with tenant or by mail or fax:

**32 S. Tracy, Bozeman, MT 59715
Phone: 587-4486 Fax 585-3538 ATTN:**

_____ is renting/wanting to rent a unit located at:

Participant Name _____

Address _____ City/State/Zip _____ Year Constructed _____ # of Bedrooms _____

Participant currently owes a security deposit in the amount of \$_____ to move into the unit.

Pro-Rated rent for move in to unit \$_____/requested beginning date of lease _____.

Proposed monthly rent for unit \$_____.

Utilities included in rent payment: electric gas water sewer trash

Participant is currently behind _____ months x \$ _____ (amount per month) = \$ _____ (total)

Participant currently has _____ (# of people) living in household.

Landlord/Manager must read and initial:

1. _____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
2. _____ The unit, common areas servicing the unit / lot, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State or Tribal certification program.
3. _____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.
4. _____ I understand that HRDC has NOT screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.
5. _____ HRDC will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.
6. _____ I understand to participate in HRDC's Home to Stay Program, that I must agree to maintain safe, decent, clean, and affordable housing that is well maintained, which is to include, but is not limited to: a). utilities in service (per lease) e.g., water, sewer, trash, electric and gas; b). Working plumbing and heating; c). Roof, windows, ceiling, walls, and floors without damage; d). Safe entry/exit from unit e.g., handrails/stairs in good condition; and e). No signs of infestation. I understand that if the HRDC determines that I am not meeting this obligation, the HRDC shall have the right to terminate my participation in their housing programs.
7. _____ I will make every effort to make repairs to the unit / lot with a reasonable and timely manner upon request.
8. _____ I certify that the rent I am charging to the tenant named above for this unit / lot is not higher than what I would charge other tenants for the same size/type of unit / lot.

Payment can be made to the following Person/Entity (**must be physical street address, not P.O. Box**) IF check should be mailed to PO Box please indicate by notating that address.

Name: _____ Address: _____
Phone: _____ Fax: _____ City/State Zip: _____

The program regulation requires HRDC to certify that the rent charged to the Home to Stay program tenant is not more than the rent charged for other unassisted comparable units. Owner of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units with the premises.

Address and unit number	Date Rented	Rent Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Social Security Number or Federal Tax ID Number: _____ Business is incorporated? Yes No

Landlord/Manager Signature _____ Date _____

**** Please note: Completion of this form by a landlord, manager, or utility company does not mean that the agency will assist consumer with the payment of the amount requested/due. This information is utilized to identify if the request is within payment standards and determine eligibility for possible assistance from housing program. By signing the above statement, the Landlord and/or Manager agrees to accept the payment from the agency and will not file for eviction for the month the payment is requested - if payment is approved by the agency. If payment is approved by the agency, it will be sent to the above name/address within 30 days of date of approval. By signing this statement, landlord, manager, or utility company certifies that s/he is not related by blood/marriage to the above named person and is the owner/representative of the property. By signing this statement, I understand that this is a short-term housing assistance program.**

Section 6: LANDLORD REQUEST FOR FINANCIAL ASSISTANCE