

**City of Revere
COVID-19 Rental Assistance Program**

OWNER CONTRACT

Metro Housing|Boston
1411 Tremont Street Boston, MA 02120

Date of Contract _____

Participant Name _____

Participant Address _____

Metro Housing intends to provide the following financial assistance on behalf of the above named Participant (must insert "N/A" if Not Applicable):

Monthly Rental Stipend	\$ _____	(\$ _____ per month x _____ # of months)
Security Deposit	\$ _____	
First Month's Rent	\$ _____	
Last Month's Rent	\$ _____	
Rent Arrears	\$ _____	
Total	\$ _____	(may not exceed \$4,000)

Owner Acknowledgements

- I certify that I am the property owner (or authorized agent for the owner) of the above referenced property (Participant Address).
- I certify that by accepting payments for rent arrears in accordance with this Agreement,
 - I will reinstate the Participant's tenancy (if an eviction case has not been filed).
 - I will not proceed with eviction (if an eviction case has been filed).
- If Metro Housing makes a security deposit payment on behalf of the Participant, I agree to comply with all landlord obligations in accordance with M.G.L., c.186 s. 15B.
- If Metro Housing pays a security deposit or first/last month's rent on behalf of the Participant, I agree to return these funds to the Agency should the Participant not move into the above referenced property.
- If the Participants' tenancy is terminated prior to the period for which any monthly rental stipend payments were made, I agree to return the unused balance of said funds to Metro Housing.
- Nothing in this Agreement precludes the owner/agent from using any and all remedies available under law, including the institution of eviction proceedings against the Participant, if the Participant fails to pay any future rent due after the date of this Agreement.

Property Owner/Agent Signature

Metro Housing|Boston Staff Signature

Property Owner/Agent Name

Metro Housing|Boston Staff Name & Title

Property Owner/Agent Address

Property Owner/Agent Phone