Landlord Monthly Rent Confirmation

NYS Emergency Rental Assistance Program (ERAP) & Landlord Rental Assistance Program (LRAP)

Instructions: Fill in Tenant Name/Address and Monthly Table below for the months being claimed for ERAP/LRAP assistance. Note that a given month should only have applicable arrears or prospective amounts listed – not both.

Tenant Name					
Address					
Year	Month		Regular Monthly Rent	Amount Past Due (Arrears)*	Prospective Rent Amount**
2020	March		\$	\$	\$
	April		\$	\$	\$
	May		\$	\$	\$
	June		\$	\$	\$
	July		\$	\$	\$
	August		\$	\$	\$
	September		\$	\$	\$
	October		\$	\$	\$
	November		\$	\$	\$
	December		\$	\$	\$
	January		\$	\$	\$
	February		\$	\$	\$
2021	March		\$	\$	\$
	April		\$	\$	\$
	Мау		\$	\$	\$
	June		\$	\$	\$
	July		\$	\$	\$
	August		\$	\$	\$
	September		\$	\$	\$
	October		\$	\$	\$
	November		\$	\$	\$
	December		\$	\$	\$

	January	\$	¢	\$
	February			
	March			\$
	April	\$		\$
	May			\$
2022		\$	\$	\$
	June 	\$	\$	\$
	July	\$	\$	\$
	August	\$	\$	\$
		\$	\$	\$
	October	\$	\$	\$
	November	\$	\$	\$
	December	\$	\$	\$
	January	\$	\$	\$
	February	\$	\$	\$
	March	\$	\$	\$
	April	\$	\$	\$
	May	\$	\$	\$
2023	June	\$	\$	\$
2023	July	\$	\$	\$
	August	\$	\$	\$
	September	\$	\$	\$
	October	\$	\$	\$
	November	\$	\$	\$
	December			\$
2024	January	\$	\$	\$
	February	\$		\$
	March			\$
	April			\$
	Мау			\$
	June			\$
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	July	\$ \$	\$
	August	\$ \$	\$
	September	\$ \$	\$
	October	\$ \$	\$

^{*}Late fees are not covered by ERAP/LRAP. To accept ERAP/LRAP funds, late fees must be waived and will not be paid.

**Only households who are rent burdened (paying 30% or more of gross monthly income towards rent) may receive prospective rent payments. Prospective payments are limited to three (3) months.

By signing this form, I, the Landlord/Property Manager, attest that all of the information provided, including the Total Regular monthly Rent, Total Arrears owed, and Total Prospective Amounts owed listed above are true and accurate for the Tenant, Address, and Months designated above. I also attest that I have not received another payment from another source for any of the months or amounts requested above.

Name, Printed: Landlord/ Property Manager	Signature: Landlord/Property Manager		
Date:			