



Office of Housing
 421 King St., Ste. 215
 Alexandria, Virginia 22314
 703.746.4990
 alexandriava.gov/housing

Landlord Authorization

COVID-19 Emergency Rent Relief Assistance Program

This authorization is a commitment by the City of Alexandria Office of Housing that the payment described below will be made to the Landlord on behalf of the participating tenant when this form is certified and signed by the landlord and returned to the Office of Housing.

To Landlord
Address
Phone
Fax
Email

From Office of Housing
Address 421 King St., Ste. 215, Alexandria, VA
Phone 703.746.4990

Reference COVID-19 Emergency Rent Relief Assistance Program
Tenant Name
Property Address

Rent Arrearages of \$ _____ for period from _____ to _____

Name and Title of Authorized Agency Representative **Signature** **Date**

I certify that _____ (name of property) is owed the above amount, and that as its designated agent and representative, I have entered into a payment arrangement with the above-named tenant for any unpaid portion of their rent balance. I will make individual repayment agreements with the above-named tenant available to the City for review upon request.

I understand that in making this payment, the City is working to reduce the tenant's future repayment burden and reduce the tenant's financial hardship related to COVID-19. While the City will continue to work with tenants to identify resources and assistance, including to pay rent, but that any unpaid portion of the rent balance remains the responsibility of the tenant. If the tenant does not pay the unpaid portion of the rent according to the repayment agreement, I understand that I may be able to take legal actions against the tenant, but I agree that in exchange for this payment I will only institute legal action, including an eviction proceeding, after consultation with the Office of Housing.

I also understand that I may pursue legal actions, including those which may result in an eviction if the above-named tenant violates other terms of their rental agreement.

Landlord Name **Landlord Signature** **Date**

| For Agency Use Only | | |
|--|----------------------|---------------------|
| Authorization has been | Revoked in entirety | Partially revoked |
| Agency Representative Receiving Request | | |
| Notification that authorization was revoked was by | Letter (Attach Copy) | Telephone In Person |