



Homeless Assistance Program

P. (717) 263-5060 F. (717) 263-7060

HOMELESS ASSISTANCE PROGRAM- LANDLORD'S INFORMATION

Dear Landlord/Property Manager:

A current or prospective tenant or yours has applied to the Franklin County Homeless Assistance Program for help to pay back rent or first month's rent and or security deposit. In order to receive payment from the program, it is necessary that you provide certain information. **No payment will be released until all necessary paperwork is completed.** The following is a list of the information needed:

Eviction Notice- Every tenant requesting help to pay back rent must have a written eviction notice from the landlord threatening the tenant with eviction if the rent is not paid. **The eviction notice must be dated and list the tenant(s) name, address and amount owed.**

Intent to Rent – Must be completed by the landlord for tenants applying to rent from you. This form provides the necessary information to begin process the tenant's application.

W9- It is required that you provide your federal tax identification number. You will receive a 1099 from the program for the amount of funds paid on behalf of your tenant. Payment will be made payable to the name listed on the W9. **A PO BOX ADDRESS IS NOT ACCEPTABLE. A PHYSICAL ADDRESS IS REQUIRED.**

Chambersburg Borough Property Owner's – Each property owner must submit a Certificate of Compliance documenting that the unit is in compliance with the Borough's inspection requirements of ordinance number 2002-3.

Payment Agreement – When the tenant has been determined eligible for assistance and before any funds can be released the HAP Coordinator will provide a Payment Agreement that must be completed. The agreement will spell out how much is owed to the landlord, the tenant's portion of payment, other agencies payments, HAP's payment amount and anticipated date of payment. SCCAP makes all payments out to the Landlord.

No payment will be released until all applicable paperwork listed above is received by the HAP Coordinator including a lease signed by all parties and the Payment Agreement is signed by all parties.

If you have any questions please call Melissa Mattson at (717) 263-5060, ext 321; Fax: (717) 263-7060 or email mmattson@sccap.org

Adams County Main Office
153 North Stratton Street
Gettysburg, PA 17325

717-334-7634

www.sccap.org

Franklin County Main Office
533 South Main Street
Chambersburg, PA 17201

717-263-5060



LANDLORD'S STATEMENT OF RENT
OR
INTENT TO RENT

Regarding rental for : _____
Tenant/Potential Tenant's Name

Please complete the following information and return to the Franklin County Homeless Assistance Program as soon as possible. This information is necessary to assess possible financial assistance for the client/tenant. **This is NOT a contract or letter of agreement.**

PLEASE PRINT

PLEASE PRINT

Landlord Information

Landlord Name: _____

Landlord's Mailing Address: _____

Phone Number: _____

Email: _____

Property Address: _____

Landlord Signature: _____ Date: _____

Current Tenant

Arrearages: _____

Is there a written lease? Yes, Date: _____ No

Monthly Rent: _____

Potential New Tenant

First Months or Prorated Rent: _____ Security Deposit: _____

Estimated lease Start Date: _____ We will need a copy of the lease. **Client should not sign the lease until after they are approved for assistance.** If the sign before we cannot assist them.