**Your Way Home Landlord Engagement & Risk Mitigation Agreement**

Thank you for agreeing to become a participating Landlord for a Your Way Home client. By signing this agreement, you are joining an exciting initiative to help end homelessness in Montgomery County.

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| **Landlord/ Owner Information** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner/Manager/Landlord Name |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address City State Zip |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Email Fax |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax ID  By signing below, I am acknowledging receipt of a gratitude payment through the Your Way Home Landlord Engagement Fund. I agree to abide by all rules & restrictions of the Landlord Engagement Fund Guidelines as outlined by policies in the Your Way Home Operations Manual. I understand that prior to receiving a gratitude payment a lease must be signed by a Your Way Home client. I agree to provide all documentation necessary to receive payment, as requested by the Your Way Home Housing Resource Center. This documentation includes a copy of the signed lease, a W-9, tax ID, and a completed inspection of the unit (if applicable). I understand that final approval and payment is issued by the Your Way Home Housing Resource Center and is subject to change based on availability and program participation. I understand that failure to make the necessary repairs to provide a safe and habitable environment for my tenant could result in the withholding of rental payments from Your Way Home Housing Resource Centers.  Signing this agreement is not a guarantee of payment.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner/Manager/Landlord Signature Date |
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| **Your Way Home Agency Use Only** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Housing Resource Center Issuing Payment Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HRC Supervisor Payment Amount Received  Use:   Landlord Engagement Fund   Landlord Risk Mitigation   Damage which exceeds Security Deposit  Amount: $\_\_\_\_\_\_\_\_\_\_   Apartment hold for max 1 month  Amount: $\_\_\_\_\_\_\_\_\_\_   Unpaid Rent reimbursement – max 1 month – only for abandoned units  Amount: $\_\_\_\_\_\_\_\_\_\_ |
|  Legal Fees  Amount: $\_\_\_\_\_\_\_\_\_\_ |
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