



Massachusetts Department of Housing and Community Development

RAFT/ERMA AWARD LETTER AND PROPERTY OWNER TERMS

Date of Award _____

Participant Name _____

Participant Address _____

Property Owner Name _____

Property Owner Address _____

This letter confirms that the above listed tenant is approved for RAFT or ERMA. intends to provide the following financial assistance on behalf of the above-named Participant.

Award breakdown (completed by RAA; check "N/A" for not applicable portions)

Move-in Costs (if any)

Security Deposit \$ _____ N/A

First Month's Rent \$ _____ N/A

Last Month's Rent \$ _____ N/A

SUBTOTAL

MOVE-IN COSTS \$ _____ N/A

Arrears (if any)

SUBTOTAL

ARREARS \$ _____ N/A

Other payments to property owner (if any)

SUBTOTAL

OTHER \$ _____ N/A

Please describe: _____

Future Rent Stipends (if any)

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

Month: _____ Amount: \$ _____ N/A

SUBTOTAL STIPENDS \$ _____ N/A

Total RAFT/ERMA Benefit

GRAND TOTAL \$ _____ (cannot exceed \$10,000)

Total of move-in costs, arrears, future rent stipends and other items, as applicable

By accepting DHCD RAFT or ERMA funds, the owner acknowledges and accepts the following terms:

- I have certified that I am the property owner (or authorized agent for the owner) of the above referenced property (Participant Address).
- I agree 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 agree not to pursue eviction based on rent amounts reimbursed by these funds and agree to dismiss any pending eviction case that is based on or seeks to recover the reimbursed arrears. I may bring an eviction case in the future if Participant fails to pay future rent due after the date of this award.
- If the RAFT/ERMA Administering Agency 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 the RAFT/ERMA Administering Agency 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 Participant's 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 the RAFT/ERMA Administering Agency.
- I understand that RAFT/ERMA funds are to be used only for expenses that are not paid by other sources of financial assistance. If the RAFT/ERMA Administering Agency determines that the Participant has received financial assistance from another source to pay the same expenses paid by the RAFT or ERMA programs, I agree to repay the duplicative assistance as directed by the Agency.
- 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 award or otherwise violates the terms of tenancy.