

## Landlord and Tenant Household Agreement

This agreement details the rights and responsibilities of both Landlord and Tenant under the Fairfax County CSP Financial Assistance Program

**By accepting a rent relief payment, I agree to the following:**

### Landlord Agreement

I, (Landlord), understand that funds cannot be used for rent that was past due as of March 13, 2020. I understand that if the renter owes rent that is past due as of March 13, 2020, I must work with the tenant to develop an appropriate payment plan. If the tenant cannot adhere to the conditions within the payment plan, either the tenant or I, may return to the funds to apply for further assistance, provided the tenant is eligible and funds are still available.

Landlord will notify tenant by email or mail of the amount of rent paid by the funds and steps to take if Tenant finds they are unable to pay rent in the future.

**I acknowledge and agree to reimburse to the County funds if it is:**

- a) Determined at a later date that I or my Authorized Agent(s) (identified below) recorded or provided inaccurate information contained in the Tenant Application Packet, or
- b) If assistance is determined to be duplicative of other federal rent relief assistance. Any such reimbursement will occur within 30 days of a finding that the Tenant was ineligible, the assistance was duplicative, or both.

Furthermore, I will hold harmless the Fairfax County, its grantees/agents and employees from all claims and demands based upon or arising out of any action by me, my employees, agents or contractors.

I will maintain all contractual and household records related to this rent relief payment including, but not limited to my application to the funds, the lease with the Tenant, and documents demonstrating the funds were applied to past due rent, for at a minimum of five years. I will provide access to such records by Fairfax County, its grantees/agents and employees as may be requested. Also, I will fully cooperate with the U.S. Department of the Treasury Office of the Inspector General, the Pandemic Response Accountability Committee, or any other federal agency, for the purpose of preventing and detecting fraud, waste, abuse, mismanagement of any Funds

disbursed to me, including making any and all books, documents, papers, and records related to the Funds available for audit and examination, and

I confirm that, in processing Tenant's application, I have complied with all applicable fair housing laws, including but not limited to, Virginia's Fair Housing Law which makes it illegal to discriminate in residential housing on the basis of race, color, religion, national origin, sex, elderliness, familial status, source of funds, sexual orientation, gender identity, status as a veteran, or disability.

### Landlord / Authorized Agent Certification and Signature

**By submitting this application, I certify that:**

1. The information I have recorded in the application and all attachments submitted is accurate and complete based on the information provided by the Tenant in applying for funds.
2. If this application is completed by an Authorized Agent on behalf of Landlord, Authorized Agent certifies that it is duly authorized to act on behalf of Landlord as its agent with respect to this application, including, but not limited to, the Landlord Agreement set forth above.
3. I agree and will comply with the certifications, terms, and conditions set forth in the Landlord Agreement and this certification.
4. I have obtained the signature of the Tenant for this application.
5. That I have provided documentation of this application to the Tenant.
6. Any payments received by Landlord or its Authorized Agent must be used to satisfy the Tenant's rental obligations to the landlord.

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**Print name of Landlord or Authorized Agent**

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**Landlord or Authorized Agent Signature**

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**Date**



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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs services and activities. For reasonable accommodation call 703-324-4600, TTY 711.



## Tenant Agreement, Authorization and Certification

I, (Tenant), acknowledge and understand the terms of this agreement and have provided true and accurate information. I have been given the opportunity to ask questions and understand that I should seek legal counsel if Landlord is in breach of this agreement.

Federal law authorizes us to collect the information requested in this agreement. We will use the information provided by you and your Landlord to process the application for Fairfax County CSP Financial Assistance Program

### The information collected may include:

- Address of the rental unit.
- Your name, address and account number.
- Amount of outstanding rental arrears for your household.
- Household income and number of individuals in the household.
- Gender, race and ethnicity of the primary applicant for assistance.

This information may also be used to comply with the County's reporting obligation to the U.S. Department of the Treasury.

### By signing this agreement, I certify and consent that:

1. I have read and understood this Tenant Agreement.
2. The information I have provided in applying for CSP Financial Assistance Program is true, accurate and complete.
3. I have not received any other form of federal, state or local subsidy or financial assistance for rent during the same time period with the requested fund and I will repay any fund assistance determined to be duplicative.
4. Fairfax County and its Grantees and Contractors may disclose to your Landlord the current status of the CSP Financial Assistance application.
5. The information provided may be included in the Fairfax County client database and shared with contracted Fairfax County providers to provide rental assistance on my behalf to the Landlord.

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**Print name of Tenant**

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**Tenant Signature**

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**Date**

