



COVID-19 Emergency Residential Assistance Program Leaseholder Unpaid Balance Detail

The leaseholder of your property has applied for assistance through the City's COVID-19 Emergency Residential Assistance Program. This program provides up to 3 consecutive months of emergency rental assistance to residents who have been directly financially affected by COVID-19. Upon approval, awarded funds will be paid directly to the lessor.

This program is being funded using Community Development Block Grant – Coronavirus (CDBG-CV) funding and is therefore subject to all federal regulations governing this funding source. Below please find a detail of those requirements.

1. City must determine outstanding balances which are owed as a result of the applicant's lease agreement.
2. This property must be the current primary residence of the applicant/leaseholder
3. The intent of this program is to provide housing stability to low- to moderate-income households experiencing a financial hardship due to COVID-19. Eligible costs include those which will ensure the housing stability of the applicant household. As such, lessor must not currently be in eviction proceedings against the leaseholder.
 - a. If eviction proceedings have begun, prior to payment, lessor must provide written assurance that eviction proceedings will cease as a result of the payment of current past-due balances.

The City is kindly requesting your assistance in the above compliance measures. Please complete the below so that we may properly evaluate eligible payments to you on behalf of the applicant/leaseholder. In addition, please provide the following:

1. Itemized invoice(s) reflecting charges listed below
2. Copy of the current lease agreement

Please feel free to reach out to our office at (954) 572-2315 or housing@sunrisefl.gov with any questions you may have regarding the attached certification or applicable requirements. Thank you in advance for your time and assistance with this matter.

Sincerely,

Stephanie Hahn
Grants Administrator



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Landlord Information:

Landlord Name: _____

Landlord Phone: _____

Landlord Address: _____

Address Line 2: _____

Leaseholder Information:

Leaseholder Name: _____

Leaseholder Phone: _____

Leaseholder Address: _____

Address Line 2: _____

Leaseholder Unpaid Charges

First Month

Month and Year: _____

Due Date: _____

Unpaid Rent: _____

Unpaid Late Fees: _____

Second Month

Month and Year: _____

Due Date: _____

Unpaid Rent: _____

Unpaid Late Fees: _____

Third Month

Month and Year: _____

Due Date: _____

Unpaid Rent: _____

Unpaid Late Fees: _____

I certify these unpaid charges to be true and correct as of the date below. I understand that additional charges may occur after this date if the leaseholder not pay in full for future months. I further certify that I am not currently in the process of evicting the above-named applicant/leaseholder. I understand that should I be in the process of evicting the above-named applicant/leaseholder, this process must cease prior to payment of the outstanding balance by the City of Sunrise.

Signature of Landlord

Date of Determination

Printed Name