Case Name: Case Number:

GENERAL RELIEF HOUSING SUBSIDY AND CASE MANAGEMENT PROGRAM DIRECT RENT – LANDLORD AGREEMENT VERIFICATION REQUEST

This form is to authorize Los Angeles County Department of Public Social Services (DPSS) to deduct the Direct Rent payment from the General Relief (GR) participant's monthly grant and issue payment to the landlord/vendor, along with the rental subsidy. The GR participant must complete **Section I** and the landlord/vendor must complete **Section II** of this form. This form is not valid unless completed and/or signed by the participant and landlord/vendor in the designated sections and returned to the participant's **GR Housing Case Manager** (GR HCM) for verification.

SECCIÓN I	COMPLETADO POR EL PARTICIPANTE DE	GR			
PAR <u>A:</u>					
	ARRENDADOR (PROPIETARIO LEGAL) O REI	PRESENTANTE LEGAL AUTORIZADO (VENDEDOR)			
Necesito proporcionar información sobre mi posible vivienda: Cantidad de alquiler mensual e información del propietario/proveedor al DPSS para comenzar los pagos directos de alquiler para usted. Por lo tanto, yo le autorizo para que proporcione al DPSS la información solicitada a continuación.					
Entiendo que usted devolverá este formulario, W-9 completo, la Solicitud del Número de Identificación del Contribuyente y Certificación, y el PA 6117, GRHSCMP, Certificación de Inquilino y Propietario, al HCM de GR dentro de los 10 días calendario a partir de la fecha a continuación.					
		\$			
PARTICIPANT/TENANT NAME (PLEASE PRINT) TOTAL MONTHLY RENT AMOUNT					
SIGNATURE		DATE CONTACT PHONE NUMBER			
SECTION II	COMPLETED BY LANDLORD/VENDOR/ MANAGER)	LEGAL AUTHORIZED REPRESENTATIVE (PROPERTY			
The landlord/vendor or legal authorized representative must complete this section only if Section I , above has been completed by the GR participant.					
LEGAL OWNER'S/VENDOR'S NAME (PLEASE PRINT) VENDOR TAXPAYER ID NUMBER (TIN) - SSN OR EMPLOYER ID NUMBER					
LEGAL OWNER'S/VENDOR'S STREET ADDRESS COUNTY USE ONLY					
СІТҮ	STATE ZIP CODE	PROPERTY VERIFIED: YES NO GR HCM: Date verified:			
PARTICIPANT/TENANT'S RENTAL STREET ADDRESS		LANDLORD TIN – IRS VERIFIED: VES NO If YES, INDIVIDUAL, or BUSINESS			
CITY	STATE ZIP CODE	BWS-LOD STAFF: Date verified:			
MOVE-IN EFFECTIVE DATE (FIRST DAY OF THE MONTH):					
If you have questions or need help with the completion of this form, please contact:					
	GR HOUSING CASE MANAGER TE	ELEPHONE NUMBER FAX NUMBER			
SECTION III	LANDLORD/VENDOR/LEGAL AUTHORI	ZED REPRESENTATIVE CERTIFICATION			
Identification Numl and keep copies of I UNDERSTAND 1 and I knowingly dia address as stated Any repayment an Bassett, CA 9174 participant in com County. I release damage, arising fro participation in the	ber and Certification, and PA 6117, GRHSCMP Tenar f all completed forms for my own records. Upon comple THAT: In no case am I entitled to Direct Rent paymen d not report it timely to DPSS. If I receive any Direct R in Section II above, I will contact the GR Housing Case nount/s must be forwarded to the Fiscal Operations D 6, with the Program participant's identifying information mitting fraud. If I am found guilty of committing fraud, the County of Los Angeles from all liability to me, for om or connected to the participant's acts or omissions, Program. I also have read and understand the PA _ORD (LEGAL OWNER) OR LEGAL AUTHORIZED R	anagement Program. I will complete this form, the W-9, Request for Taxpayer nt and Landlord Certification, return all forms to the GR Housing Case Manager etion of this form, I understand the following: its for a month the Program participant was not residing at my property address, tent payments for a month the Program participant did not reside at my property e Manager and remit to DPSS the amount that represents the overpaid amount. Division, Accounts Receivable Section, Vendor Payments Unit, P.O. Box 2275, n included. I further understand that I may be prosecuted if I knowingly assist a I will no longer be entitled to receive Direct Rent payments from Los Angeles or any loss or damage, including but not limited to, personal injury or property and which arise from or relate to the participant's use of my property, and/or my A 6183, Important Information for Landlord About Direct Rent Payments REPRESENTATIVE (PROPERTY MANAGER) MUST PRINT NAME, SIGN AND			

NOTE: No Direct Rent payments will be paid until the request has been approved by L.A. County DPSS.					
PRINTED NAME	SIGNATURE	DATE			

PA 4144 GRHSCMP Direct Rent-Landlord Agreement Verification (Rev. 09/21) SPANISH