COUNTY OF LOS ANGELES | DEPARTMENT OF PUBLIC SOCIAL SERVICES

District Office:

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

PARA:

ARRENDADOR (PROPIETARIO LEGAL) O REPRESENTANTE 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/LEGAL AUTHORIZED REPRESENTATIVE (PROPERTY MANAGER)

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

CITY **STATE** **ZIP CODE**

PARTICIPANT/TENANT'S RENTAL STREET ADDRESS

CITY **STATE** **ZIP CODE**

COUNTY USE ONLY

PROPERTY VERIFIED: **YES** **NO**
GR HCM: **Date verified:**
LANDLORD TIN - IRS VERIFIED: **YES** **NO**
IF YES, **INDIVIDUAL, OR** **BUSINESS**
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 | TELEPHONE NUMBER | FAX NUMBER

SECTION III — LANDLORD/VENDOR/LEGAL AUTHORIZED REPRESENTATIVE CERTIFICATION

I am requesting to participate in the GR Housing Subsidy and Case Management Program. I will complete this form, the W-9, Request for Taxpayer Identification Number and Certification, and PA 6117, GRHSCMP Tenant and Landlord Certification, return all forms to the GR Housing Case Manager and keep copies of all completed forms for my own records. Upon completion of this form, I understand the following:

I UNDERSTAND THAT: In no case am I entitled to Direct Rent payments for a month the Program participant was not residing at my property address, and I knowingly did not report it timely to DPSS. If I receive any Direct Rent payments for a month the Program participant did not reside at my property address as stated in Section II above, I will contact the GR Housing Case Manager and remit to DPSS the amount that represents the overpaid amount. Any repayment amount/s must be forwarded to the Fiscal Operations Division, Accounts Receivable Section, Vendor Payments Unit, P.O. Box 2275, Bassett, CA 91746, with the Program participant's identifying information included. I further understand that I may be prosecuted if I knowingly assist a participant in committing fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive Direct Rent payments from Los Angeles County. I release the County of Los Angeles from all liability to me, for any loss or damage, including but not limited to, personal injury or property damage, arising from or connected to the participant's acts or omissions, and which arise from or relate to the participant's use of my property, and/or my participation in the Program. I also have read and understand the PA 6183, Important Information for Landlord About Direct Rent Payments form. THE LANDLORD (LEGAL OWNER) OR LEGAL AUTHORIZED REPRESENTATIVE (PROPERTY MANAGER) MUST PRINT NAME, SIGN AND DATE THIS FORM BELOW.

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

PRINTED NAME	SIGNATURE	DATE	CONTACT PHONE ( )