

District Office:

Case Name:
Case Number:

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

This form is to be completed by the General Relief (GR) participant to authorize Los Angeles County to deduct from the participant's monthly grant the amount of the participant's monthly rent for Direct Rent payment to the landlord/vendor. This form is not valid unless completed and/or signed by the participant and returned to the participant's **GR HOUSING CASE MANAGER** (GR HCM) for verification. The landlord/vendor representative may assist participants in completing this form, as necessary. **GR HCM:** Maintain the original PA 4144 in the Housing Subsidy Project case folder for record keeping purposes.

SECTION I	COMPLETED BY GR PARTICIPANT
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TO:

LANDLORD(LLEGAL OWNER)/PROPERTY MANAGER	LANDLORD/PROPERTY MANAGER STREET ADDRESS
LANDLORD/PROPERTY MANAGER PHONE NO.	CITY STATE ZIP CODE

I need to provide information regarding my address, monthly rent amount, and landlord to the Los Angeles County Department of Public Social Services (DPSS) in order for them to make direct rent payments. I therefore authorize you to provide the information requested below to DPSS. I understand the landlord will return this form and the completed W-9, Request for Taxpayer Identification Number and Certification form, and the PA 6117, GRHSCMP Tenant and Landlord Certification to the address noted above within ten calendar days from the date below.

PARTICIPANT/TENANT NAME (PLEASE PRINT)	\$ TOTAL MONTHLY RENT AMOUNT
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SIGNATURE	DATE	CONTACT PHONE ()
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SECTION II	COMPLETED BY LANDLORD/LEGAL AUTHORIZED REPRESENTATIVE (PROPERTY MANAGER)
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The landlord (legal owner of participant's residence address) must complete this Section only if Section I has been completed by the GR participant. If you have questions or need help about the completion of this form, please contact _____ at _____.

(GR HOUSING CASE MANAGER) (AREA CODE & TELEPHONE)

- I do **not** want to participate in the GR Housing Subsidy Project; **OR**
- I would like to participate in the GR Housing Subsidy and Case Management Project. I will complete this form, the W-9, Request For Taxpayer Identification Number and Certification, and PA-6117, GRHSCMP Tenant and Landlord Certification, and return all forms to the above named **GENERAL RELIEF HOUSING CASE MANAGER**. **I understand that I should keep copies of all completed forms for my own records.**

LEGAL OWNER'S NAME OR BUSINESS NAME (PLEASE PRINT)	VENDOR TAXPAYER ID NUMBER (TIN) - SSN OR EMPLOYER ID NUMBER
LEGAL OWNER'S STREET ADDRESS	<p style="text-align: center; color: red;">COUNTY USE ONLY</p> <p>PROPERTY VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>GR HCM: _____ Date verified: _____</p> <p>LANDLORD TIN – IRS VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, <input type="checkbox"/> INDIVIDUAL, or <input type="checkbox"/> BUSINESS</p> <p>BWS-LOD STAFF: _____ Date verified: _____</p>
CITY STATE ZIP CODE	
PARTICIPANT/TENANT RENTAL STREET ADDRESS	
CITY STATE ZIP CODE	
MOVE-IN EFFECTIVE DATE (FIRST DAY OF THE MONTH): _____	

NOTE: No rent subsidies will be paid until the GR housing subsidy request is approved by DPSS (L.A. County).

CERTIFICATION

I UNDERSTAND THAT: In no case am I entitled to a Direct Rent payment for a month the Project participant was not residing at my property address and I knowingly did not report it timely to DPSS. **If I receive a Direct Rent/Housing Subsidy payment for a month the Project participant did not reside at my property address, I will contact the GR Housing Case Manager and remit to DPSS the amount that represents the overpaid rent. Repayment amount/s and the Project participant's identifying information must be forwarded to the Fiscal Operations Division, Accounts Receivable Section, Vendor Payments Unit, P.O. Box 761369, Los Angeles, CA 90076-1369.** I may be prosecuted if I knowingly assist a participant to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive Direct Rent payments. 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 Direct Rent Program. **THE LANDLORD (LEGAL OWNER) OR LEGAL AUTHORIZED REPRESENTATIVE (PROPERTY MANAGER) MUST PRINT NAME, SIGN AND DATE THIS FORM BELOW. I also have read and understand the "Important Information for Landlord About Direct Rent Payments" notice.**

PRINTED NAME/SIGNATURE	DATE	CONTACT PHONE ()
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