Eviction Rent Assistance Program (ERAP)
Friend/Family Payment Agreement Form

Instruction: Use this form if the household is informally renting from a friend or family member. Complete sections 1 and 2 with client. ERAP staff calculates section 3. Contact friend/family to complete Section 4 & 5.

### 1. Household Information, Rental Address/Information

<table>
<thead>
<tr>
<th>Household ID:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Phone number:</td>
</tr>
<tr>
<td>Street:</td>
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<tr>
<td>City:</td>
<td>State/Zip Code:</td>
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</tbody>
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To determine Fair Market Rent, what are the number of bedrooms in **Friend/Family house:** How many rooms is the household paying for/only paying for a “sleeping space,” indicate “1.”

### 2. Rent Request – limited to 3 months

<table>
<thead>
<tr>
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<th>March</th>
<th>April</th>
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<th>June</th>
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</table>

a. What is the client’s monthly payment obligation: $  

b. Indicate below the month/s the household is requesting rent: arrears, current or future and what is owed in each month?

c. What is prorated **Fair Market Rent** on this Unit (100% FMR) based on the number of rooms? $  
d. What is the total rent and/or rental arrears due? (line b.) $  

### 3. Maximum Friend/Family Payment – select one method, no more than amount due, line 2.d.  

|            | 80% of Total Due: (line 2.d. x .8) | $  
|------------|-----------------------------------|-----|
|            | **Fair Market Rent** x # months of payment obligation (line c.) | $  

What is Total ERAP Payment: $  

### 4. Friend/Family member information for payment:

Name:  
Phone number:  
Payment Address:  
City:  
State/Zip Code:  

### 5. Friend/Family Signature

I certify the above information is true and will accept the program payment of $___________ as full satisfaction of any balance owed through __________, 2020, for the household residing at address above. No late fees or additional charges will be made for the months covered after I receive the ERAP Payment.

Print name/Signature/Date: