

DISASTER RENTAL RELIEF FORM – TENANT RELIEF DECLARATION

Pursuant to the Governor's Declaration of State of Emergency, rental assistance is available for those who have been financially impacted by the disaster.

It is our intention to process this request as quickly as possible since we understand how difficult things are for everyone at this time, including our valued residents. Please return your completed form within two business days to your housing provider at the address listed below.

I am requesting Tenant Disaster Rental Relief for the month(s) of _____. The total monthly amount for rent and recurring charges is \$ _____.

Resident Name(s): _____

Resident Address: _____

Apartment Community: _____ Bldg. _____ Apt.# _____

Phone (Day): _____ Email: _____

Tenant Declaration:

I certify that I have been affected by the current disaster for which the Governor has declared a State of Emergency and authorized the use of this form. I am not able to make my regular monthly payment because of this disaster, therefore:

- I cannot afford to pay any part of my monthly rent; I am requesting to defer all of my monthly rent for the current month.
- I cannot afford to pay all of the monthly rent that is due but I agree to repay any monies deferred and can pay as follows:

Amount I owe: \$ _____

Amount I am able to pay: \$ _____

Amount I wish to defer: \$ _____

Housing Provider Contact Information (Address where Rent is Paid)

Name: _____

Address: _____

Phone (Day): _____ Email: _____

I UNDERSTAND THAT I STILL OWE THE MONIES LISTED ABOVE AND I AGREE TO WORK IN GOOD FAITH WITH MY HOUSING PROVIDER ON A PAYMENT PLAN UNLESS THE STATE OF WASHINGTON ISSUES DIRECT RENTAL REIMBURSEMENT PAYMENT FOR THE TOTAL AMOUNT OWED.

I, the undersigned, declare under penalty of perjury, under the laws of the State of Washington, that the information and documents provided are true and correct to the best of my knowledge.

Tenant Signature

City, State

Date