



City of Salinas

Community Development Department

Pilot Rental Assistance Program

65 W. Alisal Street, Salinas, CA 93901

831-775-4269 | sorthomelesspreventionprogram@salinas.gov

Landlord Agreement Form

Dear City of Salinas,

I am hereby entering into a binding contract (“Agreement”) with the Tenant listed below and the City of Salinas, for the purposes of the City’s Rental Assistance Program (“Program”). I understand that this Agreement becomes valid only if the City determines, in its sole discretion, that the Tenant is eligible for Program assistance.

I certify, that by accepting payment under this program,

- I am agreeing for the tenant to remain housed, to remain in the rental unit, for a minimum of 30 days, after the payment is issued, consistent with government regulations.
- I agree not to evict, penalize, serve notices, increase fees, or charge any additional penalties to this tenant for any arrears covered by the program payment.
- I understand this is a onetime payment, and Program assistance is issued on a first come, first served basis, contingent on available funds.

By signing this Agreement, I acknowledge that the application must go through an internal City review process. Payment processing may take 2–4 weeks, depending on internal routing, holiday closures, and Finance Department batching schedules.

Tenant Name: _____

Rental Address: _____

I certify that the tenant listed above has a valid lease and owes the following amounts:

TOTAL Rent Arrears Owed: \$ _____

A rent ledger and/or Pay-or-Quit Notice is required.

TOTAL Utilities Owed: \$ _____

A utility ledger or bill with the tenant’s name is required.

Grand Total Owed: \$ _____

I certify under penalty of perjury that all information provided is complete and accurate to the best of my knowledge. I understand that Title 18, U.S. Code § 1001 states that knowingly making false or fraudulent statements to the United States Government is a felony offense and may result in termination of assistance.

I, the Property Manager/Landlord, agree to the conditions in this agreement.

Name

Signature

Date



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Payment Form

Tenant Name: _____

Tenant Address/City/Zip: _____

Tenant Phone Number: _____

Property Manager: _____

Landlord/Owner: _____

Sub-leaser (if applicable): _____

Landlord Address: _____

Landlord Phone Number: _____

Check Payable to: _____

(please print name to whom check will be made payable)

Mailing Address: _____