REQUEST FOR PROGRAM PAYMENT
MASSACHUSETTS RENTAL VOUCHER PROGRAM

1. REQUEST The undersigned Owner and Participant hereby request ____________, the AA to make payment under the Massachusetts Rental Voucher Program (MRVP) to the Owner or Owner’s agent for the dwelling unit located at:

Street Address
Apt. #
City
Zip

The unit consists of ____ bedrooms and is proposed to be leased at a total rent of $___________ per month.

HANDICAP ACCESSIBILITY: Sensory ☐ Mobility ☐ N/A ☐ YEAR BUILT: ______________

HEAT (check appropriate box): Owner ☐ Tenant ☐

2. RESPONSIBILITIES
The OWNER, by executing this Request:

a) Agrees to provide, prior to the proposed occupancy date, verification that this unit is in compliance with Article II of the State Sanitary Code and is lead safe (if applicable);

b) Agrees that the Owner’s Lease will include word-for-word all of the provisions in the MRVP Lease Addendum;

c) Intends to enter into a Voucher Payment Contract for this unit with the AA;

d) Understands that the AA has not screened the Participant’s suitability for tenancy and that all tenant screening is the Owner’s responsibility; and

e) Certifies that this unit is made available, managed, and operated in accordance with applicable federal and state fair housing laws regarding race, ethnicity, color, creed, religion, sex, gender, familial status, disability, age, genetic information, sexual orientation, ancestry, marital status, veteran/military status, presence of children, receipt of public assistance, gender identity, or national origin.

The PARTICIPANT, by executing this request, represents that he/she has seen the dwelling unit and that he/she finds it acceptable for habitation.

3. DATES OF AVAILABILITY FOR OCCUPANCY
The dwelling unit will be available for occupancy by the PARTICIPANT on ____________________.

4. EXECUTION
All statements made herein are true and accurate. Signed under the pains and penalties of perjury.

Printed Name of ☐ Owner or ☐ Agent

Owner or Agent Signature Date

Owner or Agent Address

Owner of Agent Telephone #

Owner or Agent Email

Printed Name of Participant

Participant Signature Date

Participant Address of Participant

Participant Telephone Number

Participant Email

Please return completed RFPP to: Carrie Smith | Metro Housing | Boston
617-425-6649 (p) | 617-532-7695 (f) | Carrie.Smith@metrohousingboston.org

Form 9.3: Request for Program Payment