

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:

_____, MA _____
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

 Printed Name of Participant

 Owner or Agent Signature Date

 Participant Signature Date

 Owner or Agent Address

 Participant Address of Participant

 Owner or Agent Telephone #

 Participant Telephone Number

 Owner or Agent Email

 Participant Email

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