

Massachusetts Department of Housing and Community Development

Emergency Rental & Mortgage Assistance (ERMA) Program

OWNER CONTRACT

Metro Housing Boston 1411 Tremont Street Boston, MA. 02120		Date of Contract
Participant Name		
Participant Address		
The ERMA Administering Anamed Participant (must insome Monthly Rental Stipend Rent Arrears Total	ert "N/A" if Not A	provide the following financial assistance on behalf of the above pplicable): (\$ per month x # of months, may not exceed 3 months) (may not exceed \$10,000)
	<u> </u>	(
owner) of the above ref I agree that by acceptin I will reinstate I will not proce If the Participant's tena were made, I agree to re I understand that ERM financial assistance. If the financial assistance from repay the duplicative assistance and that payments are payments and the payments are payments. I understand that payments are payments agency may required. Nothing in this Agreements.	ferenced property (g payments for renthe Participant's teed with eviction (increased with eviction (increased with eviction (increased with eviction for the ERMA Administration another source to exist ance as directed ent of ERMA fundorogram requirement precludes the conference of eviction process.	and the arrears in accordance with this Agreement, chancy (if an eviction case has not been filed). If an eviction case has been filed), aprior to the period for which any monthly rental stipend payments alance of said funds to the ERMA Administering Agency, used only for expenses that are not paid by other sources of istering Agency determines that the Participant has received to pay the same expenses paid by the ERMA program, I agree to be down the Agency. It is subject to eligibility and compliance with federal and state ants. I agree to repay any portion of the assistance that a state or or compliance reasons. Owner/agent from using any and all remedies available under law, edings against the Participant, if the Participant fails to pay any
Property Owner/Agent Signa	ature	ERMA Administering Agency Staff Signature
Property Owner/Agent Nam	e	ERMA Administering Agency Staff Name & Title
Property Owner/Agent Addr	ess	
Property Owner/Agent Phon	ee	_