



TARRANT COUNTY HOUSING ASSISTANCE OFFICE

Wayne Pollard
Director

Housing Assistance Office
2100 Circle Drive - Suite 200
Fort Worth, Texas 76119

Telephone: 817- 531-7640
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TDD/TTY: 888- 444-2122
housing.tarrantcounty.com

Date _____

NOTICE OF REQUIRED OWNER DOCUMENTS FOR PARTICIPATION IN
TARRANT COUNTY HOUSING LEASE INCENTIVE PROGRAM (LIP)

Please respond to the statements below and provide copies of the required documents listed within
three (3) business days of prescreening your future tenant.

Table with 3 columns: Statement/Documentation, Yes, No. Rows include Landlord/Owner Application, Tenant Ledger (Hotel/Motel), Unexecuted Lease- Complete with no signatures, Proof of Ownership (i.e., Warranty Deed- Tarrant County Appraisal District), W-9- must be completed to set up vendor account, Promissory Note, Affidavit of Ownership.

Additional Requirements and information:

**Out-of-State owners are required to have a local agent to act on their behalf.

**After LIP contract has been completed it may take up to 45 days to receive your first
payment. TCHAO issues paper checks only and does not offer direct deposit currently.

** Return this form and all stated documentation listed above to Attn: Zumeeka Bracy-Potter
at NCCE_ZBracyPotter@tarrantcounty.com. Call (817)531-6769 if you have questions.

Signing of this document certifies that I understand and will comply with all the above
requirements.

Signature of (Owner) (Agent): _____

Email: _____ Phone #: _____

Print Name of Person signing above: _____

Print Name of Tenant: _____

Property Address: _____ City: _____ Zip: _____





**TARRANT COUNTY
LEASE INCENTIVE PROGRAM
LANDLORD APPLICATION**

Office Use ONLY

The Tarrant County Lease Incentive Program (LIP) is designed for new moves, to provide assistance for security deposits, application fees, hotel/motel charges (see below) and hard to house fees to Tarrant County renters outside the cities of Arlington and Fort Worth who have been directly impacted by COVID-19. If you have questions regarding this application or need clarification, please call the Tarrant County LIP Helpline at 817-531-6769.

NOTE: Much of the correspondence for this Program is via EMAIL, so please check your Spam email folder if you have not received any emails from Tarrant County, or from LIP@tarrantcounty.com.

Eligibility criteria for the applicant is outlined in the two sets of criteria below. Before proceeding, the Landlord and the Applicant should discuss and agree that they are both willing and able to complete the online application provide all required items, and comply with all required terms.

Step 1: Landlord Information

A. Landlord Information

Please provide the following information.

A.1. First Name: A.2. Last Name:

A.3. Mailing Address:

A.4. Telephone Number:

A.5. Email— Please make sure that your email address is correct as this is the primary way we will correspond with you.

A.6. EIN/SSN Number

Step 2: Assistance Request:

B. Assistance Request (check all that apply):
LIP will make payment within 60 days of receiving required documentation.

\$ _____ Security Deposit \$ _____ Application Fee \$ _____ Hard to House Fee

\$ _____ Hotel/Motel (monthly payment up to 3 months)

If approved, what is the unit/property address:

Step 3: Required Documentation:

C. Required Documents

Landlord will be required to provide the following:

- Completed Form W-9 (on rev. October 2018 form)**
- Tenant Ledger (Hotel/Motel)**
- Unexecuted Lease—complete with no signatures**
- Proof of Ownership (i.e. Warranty Deed—Tarrant County Appraisal District)**

Step 4: Landlord will certify and sign application and press complete and submit to fully submit application.

- I certify that all information in this application and all information furnished in support of this application, is given for the purpose of obtaining funding under the Tarrant County Lease Incentive Program (LIP).
- I certify that the information provided in this application is both true and correct. I understand that this document is a government record and making false statements or misrepresentations is a Class A misdemeanor, punishable by fine and/ or incarceration pursuant to section 37.20 of the Texas Penal Code. I further understand that any untrue statement will be grounds for denial or immediate disqualification.
- I agree to provide any additional documentation needed to assist in determining eligibility and I am aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- I certify that, to my knowledge, no other application for assistance to any program, including the Texas Rent Relief program, has been submitted for this unit.
- I certify that I will not evict a tenant for non-payment of rent during assistance or 30 days following the period of assistance.

Are you an employee, elected official, or otherwise engaged in a business capacity with Tarrant County?

- Yes
- No

If you answered "Yes" please list the nature of your relationship with Tarrant County here:

I am aware that any payment that may be provided to the Landlord by the County on the Applicant's behalf through this Program will be made by use of federal funds and, therefore, I understand that any false, fictitious, or fraudulent, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

Authorized Signature

Date

**Tarrant County Housing Assistance Office
Lease Incentive Program
Affidavit of Ownership**

I hereby certify that I am the owner of the property located at:

Address: _____

City/State/Zip: _____

Please initial all that apply:

___ I certify that the property deed has been registered in my name with the Tarrant County, Texas Appraisal District.

___ I certify that I do not have a managing company or agent and all leasing and management will be done by me.

___ I certify that the property noted above is not in the city limits of Fort Worth or Arlington

___ I further certify that I have authorized the following Management Company/Agent to act on my behalf regarding the management and leasing of the aforementioned property. This authorization includes the right to sign any and all documents necessary for said leasing and compliance with the U. S. Department of Housing and Urban Development's Housing Assistance Contract.

Name and Address of Management Company: _____

Name and Address of Agent: _____

I further certify and request that Rental Payments be made payable to:

Owner: _____ **EIN/SSN:** _____, OR

Agent: _____ **EIN/SSN:** _____.

The Owner or Agent (circle one) will be contacted with regard to any repairs that may be needed during the term of the lease. This authorization shall remain in full effect for the duration of the lease agreement signed by my agent. My agent and I agree to give thirty days written notice to the Tarrant County Housing Assistance Office with regard to any change in the agent's authorization. The terms and conditions of the lease and the contract signed by my agent will be honored by me as the owner of said property.

Signed this ____ day of _____, 20__.

Owner's Signature

Telephone Number

Print Signature

SSN/ Tax ID number



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Director

**LEASE INCENTIVE PROGRAM
PROMISSORY NOTE**

Agreement between

Tarrant County Housing Assistance Office (TCHAO)

and

Property Owner/Management

Address: _____ **City, State, Zip** _____

Reason(s):

\$ _____ Security Deposit \$ _____ Application \$ _____ Hard to House Fee

\$ _____ Hotel/Motel (monthly payment up to 3 months)

_____, Applicant has been determined eligible and meets the program guidelines of the Lease Incentive Program (LIP). Tarrant County Housing Assistance Office (TCHAO) agrees to pay the amount of \$ _____ for the above noted reason(s).

TCHAO will make payment within 60 days of receiving the fully executed lease for the new unit and a summary of the additional cost or hotel/motel ledger (excluding incidentals)

Security Deposit:

If the tenant does not retain residency for at least four (4) months, the security deposit will be returned to TCHAO.

Landlord/Owner

Date

LIP Case Worker

Date

Wayne Pollard, Director

Date