



WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL

"Your Community Action Agency"

Emergency Rental Assistance Agreement

Date: _____

I, the undersigned, state that I am the legal owner, landlord, or real estate agent of the following residence.

Printed Name _____

Address _____

City/State/Zip _____

I understand that Warren Forest EOC will consider making the following rent payment at this residence for client _____. The payment is for the month(s) of: _____, Year _____

Amount: \$_____ Indicate the utilities included: __gas__ __electric__ __water__ __sewage__

This payment will be received on behalf of the following tenant(s), who currently occupy the above residence.

Printed Name(s) _____

Signature(s) _____

Phone _____

I, hereby, state that to the best of my knowledge, all information recorded on this document is true, and that I am legally authorized to collect payment for the above residence, and if the assistance provided by EOC is for rent arrearages, that upon payment, I will discontinue eviction proceedings. I further agree that I must provide Warren-Forest EOC, a copy of the lease and any notice to the above-mentioned tenant.

Signature _____ Date _____

Address _____

City/State/Zip _____

Telephone # _____



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