



Horizon Housing Development Company

3001 Arsenal Street St. Louis MO 63118

(314) 865-0383 • www.hhdc-stl.org

COVID-19 Rental Assistance Application Package

LANDLORD AFFIDAVIT

Tenant Information:

Tenant Name: _____

Tenant Address: _____

Tenant Phone Number: _____

Number of People Living in the Household: _____

Monthly Rental Amount: _____

Date that tenant became past-due: _____

Amount needed to become current: _____

Landlord Information:

Business Name: _____

Contact Name: _____ Best Contact Number: _____

Mailing Address: _____

Complete and sign the attached W-9 for payment.

_____ (Landlord name) affirms that the property is not federally subsidized under any Department of Housing and Urban Development (HUD) program and is not receiving any payments for _____ (Tenant name) from any HUD program.

As the landlord, you are acknowledging that your tenant is applying for rental assistance through the COVID-19 Rental Assistance Program. The program is administered through Horizon Housing Development Company in partnership with St. Louis City. You are authorizing Horizon Housing Development Company to share the basic identifying and non-confidential service information with St. Louis City. You are acknowledging that the funds provided are to go only toward rent payments for your tenant and any monies provided to you through this program beyond what is owed must be used towards future rent payments for your tenant. Payment cannot be used towards administrative, penalty, or late fees.

Authorized Signature: _____ **Date:** _____

Upon completion of this document, attached to the tenant's COVID-19 Rental Assistance Program application to Horizon Housing Development Company for submission. If application has already been submitted or the landlord needs to send this form to Horizon Housing Development Company directly, fax directly to 1-314-865-0750.