



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
LANDLORD AGREEMENT

RETURN THIS FORM TO:

Date: _____

Dear _____ :

Your tenant, _____, has applied for water/wastewater assistance under the Low Income Household Water Assistance Program (LIHWAP). Because your tenant is not responsible for paying water/wastewater costs directly, the tenant's water/wastewater benefit (only the portion of the rent that is charged for water/wastewater) may be paid directly to the water/wastewater supplier on your behalf.

If you accept water assistance benefits for any tenant, you are agreeing to reduce the tenant's rent or utility charge by the amount of the benefit you have received on his/her behalf. For example in the case where the tenant's rent payments include the cost of water/wastewater, if you receive a \$250 benefit for a tenant whose monthly rent is \$400, that tenant would pay \$150 in rent for one designated month. Respectively, in the case where the tenant's residence is sub-metered, if the monthly utility charge is \$400, that tenant would pay \$150 in utilities for one designated month.

Your tenant's Low Income Household Water Assistance Program (LIHWAP) benefit is to be used only to reduce their rent or utility charge in relation to water/wastewater costs. Therefore, the LIHWAP benefit may not be used for past rent, toward a security deposit or retained for dwelling damage costs.

Please complete the enclosed form and return it to the Local Administering Agency, within fifteen (15) days of the date of this letter, in the self-addressed envelope provided. Your participation in the program will help us to operate a successful water assistance program for eligible Maryland residents.

If you have any questions, please call _____ at _____ .

Sincerely,

MARYLAND OFFICE OF HOME ENERGY PROGRAMS- Landlord Agreement

I, _____, affirm that I am the Landlord (or Landlord's representative) of an applicant for water assistance who resides in a rental unit at that I manage at _____
Address

Please check the box next to the service that is provided:

Water

Wastewater

Please initial the appropriate lines below:

____ I do not wish to participate in the Low Income Household Water Assistance Program.

____ I wish to participate and affirm that water/wastewater costs are (initial one of the following):

____ included in the tenants' rent payments. I will credit the full benefit to any LIHWAP certified tenant's rent payment(s), reducing the amount owed by the tenant accordingly until the benefit is exhausted.

OR

____ This facility is Sub-Metered and water/wastewater costs are payable as a separate utility charge as billed. Water/wastewater costs are not included in the rent. I will apply the full benefit to the utility charge until the benefit is exhausted.

____ The tenant's water/wastewater is subsidized with the rent (Section 8 HUD--Housing & Urban Development).

____ The above named housing unit has been funded through the Department of Housing & Urban Development's Below Market Interest Rate Program (BMIR) and the tenant receives a reduced rent below market rate.

____ The tenant's rent is subsidized through a State of Maryland program. Please indicate the name of the program.

By signing this Landlord Agreement, I hereby agree to the following:

- 1) I will not apply the tenant's LIHWAP benefit toward rent, a security deposit or retain OHEP benefit in lieu of dwelling damages.
- 2) I will notify the Agency named below if I decide to no longer participate in the Low Income Household Water Assistance Program.

Landlords of roomers/boarders complete this section:

Current residents of each room may receive one benefit per room. If current residents leave, new tenants may receive a benefit for that room.

NUMBER of rooms being rented: _____

CURRENT RESIDENTS of each room. Please list residents below:

Room #1: _____

Room #2: _____

Room #3: _____

Use additional space if necessary.

I am aware that anyone who knowingly provides false information in connection with the Office of Home Energy Programs will be fined not more than \$10,000 or imprisoned not more than five years or both.

Landlord/Company Name

If agreeing to participate for multiple rental units, list all addresses this Landlord Agreement applies to in the box below:

Office Address

Telephone Number

Email Address

Federal Tax I.D. Number or Social Security Number*

Signature of Landlord or Authorized Representative

Date Signed

*Note: This agreement is not valid if a Federal Tax I.D. or Social Security Number is not provided.

Please return this form to: _____

OFFICE USE ONLY:	
Date received:	_____
Reviewed and approved:	_____
Worker's Signature	Date