

**CITY OF BOCA RATON CORONAVIRUS RELIEF FUND (CRF)
RENTAL ASSISTANCE PROGRAM**

Rental assistance payments on behalf of the tenant must be made directly to the landlord or the landlord's management company listed below.

Rental Information Form

Tenant Name: _____

Phone: _____ Email: _____

Property Address: _____

This information to be completed by the Landlord/Representative:

Landlord Name: _____ Legal Entity Name: _____

EIN/TIN: _____ Email: _____

Landlord Address: _____

Phone: _____ Fax: _____

Do you utilize a management company for the collection of rents? Yes No If yes, provide the information below:

Representative Name: _____ Legal Entity Name: _____

EIN/TIN: _____ Email: _____

Payment Mailing Address: _____

Phone: _____ Was the tenant current on rent prior to March 1, 2020? Yes No

When does the current written lease term expire? _____

Monthly rent due or delinquent:

Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____
Month: _____	Amount: \$ _____	Late Charges: \$ _____

Total to bring current: \$ _____

Landlord/Representative Printed Name

Signature

Date

