



CITY OF NORMAN
CDBG-CV RENT ASSISTANCE PROGRAM
PO BOX 370
NORMAN, OK 73070

Dear Owner/Landlord/Agent:

Please complete the following information regarding your current resident who has applied for rental assistance. This program is available to renter households who have been financially affected by the COVID-19 Pandemic. Assistance can be provided directly to the landlord for up to three months of rent in arrears. To provide this assistance we must document that no other assistance has been provided for rent for the time frame requested.

Thank you,

David Martin
Homeless Services Technician

Owner/Landlord/Agent Name:

Rental Agency Name:

Address:

Phone Number:

Email:

Resident Name:

Property Address:

Please specify which months of rental assistance is requested?

CERTIFICATION: I certify that the information that I have provided is an accurate and complete disclosure. I understand that to perjure myself in order to help another obtain assistance is a fraudulent offense for which I can be prosecuted.

I/we have not received any insurance or other assistance for loss of rent from another agency for the above resident for the time period(s) specified. Initial: _____ Date: _____

I/we have not received any funding assistance for rent from another agency to cover cost for the above resident for the time period(s) specified. Initial: _____ Date: _____