

COVID-19 Rent Relief (CARES) Guarantee of Payment

DATE:

TO:	FROM:
PHONE:	PHONE:
EMAIL:	EMAIL:
FAX:	FAX:

REGARDING:	
ADDRESS:	

THIS IS A GUARANTEE OF PAYMENT

_____ (agency name)
is in the process of authorizing \$ _____ in rental assistance for the month(s) of
_____ (specify month(s) rent is being paid for).

This is the only assistance authorized. Please allow 2-3 weeks for processing the payment.
Please complete the following required form and return to

_____ (agency name)
to initiate the payment process:

- W-9 Form** (Must be signed between the last 12 months)
- No additional action required at this time
- Other:

Once completed, please email, fax or mail to

(agency name and address)

UPON RECEIPT OF THIS VERIFIED FORM: _____ (agency name)
will mail you the check on our weekly payment schedule. If you are concerned about the date of arrival of the check please call
503._____ to confirm the issue of payment date. We appreciate your services!

The documents accompanying this transmission may contain confidential information that is legally and/or medically privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are strictly prohibited from any disclosure, copying, distribution, or action on the contents of this document. If you received this in error, please notify me or (agency name)- by telephone. Thank you for your time and consideration.