

**BUSINESS RENT SUBSIDY PROGRAM**

**CERIFICATION OF RENT PAID**

This form is used to confirm that tenant/proprietor listed below has paid their last three (3) months of rent for the space occupied by them and also listed below. Completion of the form will enable our office to reimburse the tenant/proprietor the amount approved by the Rent Subsidy Program for the last three months.

Name of Business: \_\_\_\_\_

Name of Business Proprietor: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Proprietor's Contact Information:

Business Phone Number: \_\_\_\_\_

Proprietor's Phone Number: \_\_\_\_\_

Best e-mail address: \_\_\_\_\_

Total Rent Paid for last three months \_\_\_\_\_

Printed Name of Property Owner/Principal: \_\_\_\_\_

Name of Authorized Owner's Agent: \_\_\_\_\_

Property Owner's Contact Information:

Best Phone Number: \_\_\_\_\_

Best E-mail Address: \_\_\_\_\_

Owner's Agent's Contact Information:

Best Phone Number: \_\_\_\_\_

Best E-mail Address: \_\_\_\_\_

**Certification**

**I certify by my signature below that \_\_\_\_\_ has paid in full the rent due for the last three months, at a monthly rent of \$ \_\_\_\_\_, and is currently in compliance with the terms of their lease.**

**Signature of Property Owner/Landlord or Owner's Agent below:**

\_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_ Payment Period: \_\_\_\_\_

Rent Subsidy amount approved: \$ \_\_\_\_\_ per sq. ft. \$ \_\_\_\_\_ per month

Total Amount approved for this 3-month period: \$ \_\_\_\_\_

Reimbursement Authorized: \_\_\_\_\_

Date Reimbursement Delivered to Proprietor \_\_\_\_\_ Initial \_\_\_\_\_