

## Owner / Landlord Application Approved Email Template (Rent)

Subject Line: [Application ID] [Unit Address]

*You have received an important message from the New York State (NYS) Emergency Rental Assistance Program (ERAP).*

Dear,

[Owner/Landlord Full Name]

[Owner/Landlord Address]

[Application ID]

[Date]

This letter confirms that the Emergency Rental Assistance Program Application [Application Number] for [Tenant Full Name] residing at [Unit Address] is approved.

The total rental amount to be paid to [Owner/Landlord Full Name] for [Unit Address] is: \$[X,XXX]

The following is the total amount of rental arrears (back rent) to be paid per month:

Month	Amount
[X]	[X]

The following is the total amount for prospective (future) rental payments to be paid per month:

Month	Amount
[X]	[X]
[X]	[X]
[X]	[X]

If you think this decision is incorrect, you can appeal to have the decision reviewed. If you want to appeal, you must do this within **thirty (30) days** of the date on this letter. **To appeal, please call 844-NY1-RENT (844-691-7368). For individuals who are hearing impaired, you may call the TTY number at 1-833-843-8829.** When you call, please ask for an appeal and tell us why you think our decision was incorrect.

If you want to provide additional documentation about why you think the decision is incorrect, **please click this link to upload the documents: <https://nysrenthelp.otda.ny.gov/en/>.** Then, under "Upload Required Documents", click on "Upload Owner Documents" on the righthand side of the page. Enter your ERAP owner number and the ERAP application number (optional field), and upload and submit the documents one at a time.

**By accepting this payment, I, the property owner, acknowledge and accept the following terms:**

1. I am the property owner (or authorized agent for the owner) of the above referenced property and I am authorized to receive payments.
2. I agree that the arrears covered by this payment are satisfied. I agree not to pursue eviction based on rent amounts reimbursed by these funds and agree to discontinue any pending eviction case that is based on or seeks to recover the reimbursed arrears.  
Additionally:
  - I agree to waive any late fees due on any rental arrears paid pursuant to this program.
  - I agree not to increase the monthly rent to an amount greater than the amount due at the time of the application for this program for a period of one year after the ERAP rental assistance payment is received.
  - I agree not to evict for reason of expired lease or holdover tenancy any household on behalf of whom rental assistance is received for 12 months after the ERAP rental assistance payment is received.
  - If the tenant resides in a building with 4 or fewer units, I may decline to extend the lease or tenancy if I or an immediate family member intend to occupy the unit as a primary residence.
  - I agree to notify the tenant of the protections listed in this section.
3. I understand that ERAP funds are to be used only for expenses that are not paid by other sources. In the event that I am provided with duplicative assistance, I agree to repay any duplicative assistance as directed by the NYS Emergency Rental Assistance Program.

If you have any questions, our Customer Care team is available Monday-Saturday from 8am-7pm EST. You may reach us through any of the following methods:

- Contact us by phone:
  - 844-NY1RENT (844-691-7368)
  - For the hearing impaired, TTY phone number: 1-833-843-8829.
- Contact us by Webchat: [Chat with a representative.](#)

*Thank you,  
NYS Emergency Rental Assistance Program*