

Tenant 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,
[Tenant Full Name]
[Unit Address]
[Application ID]
[Date]

This letter is to inform you that the Emergency Rental Assistance Program Application **[Application Number]** for **[Tenant Full Name]** residing at **[Unit Address]** **is approved for a rental payment and a rental payment has been scheduled.** Payment will be issued directly to your Landlord/Property Owner/Property Management Company. If you applied for assistance to help pay for utilities and are approved for a utility payment, you will receive a separate notice.

The total rental amount scheduled 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]

After your landlord receives this money, they must:

- Apply the money to the past-due rent
- Waive any late fees on the past-due rent
- Not raise the rent for 1 year after the first rental arrears payment is received
- Not evict you for reasons of expired lease or holdover tenancy for 1 year after the first payment is received
- Notify you of the protections listed above

If you think this decision is incorrect, you may 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 to 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 Tenant Documents" on the righthand side of the page. Enter your ERAP application number and date of birth, and upload and submit the documents one at a time.

An email was also sent to **[Owner/Landlord Full Name]** to let them know your ERAP Application **[Application Number]** was approved and a rental payment is scheduled. A copy of that letter is provided below.

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*

The following email was sent to **[Owner/Landlord Full Name]** about your ERAP Application **[Application Number]**:

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]
[X]	[X]
[X]	[X]

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

Month	Amount
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.

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*Thank you,
NYS Emergency Rental Assistance Program*