



City of Cobb County Landlord Agreement



FOR COBB COUNTY COMPLETION ONLY

Date given to client: _____ Date returned: _____

Please complete in full, sign, and return this document, along with a completed IRS W-9 Form within ten (10) days to confirm you are willing to accept payment from the City of Cobb County. The payment request will not be processed until this agreement **and** the required W-9 are received. Failure to supply all requested information will result in a delay of payment.

Landlord Information

Landlord or Business Name (PRINT): _____

Mailing Address for payment: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Renter Information

Renter's Name _____

Rental Address: _____

Payment History

Date lease began: _____ Date lease expires: _____

Monthly rent: \$ _____ Total balance owed to date: \$ _____

Is the rent currently past due? Yes/ No Has an eviction been issued through the court? Yes/ No

By signing this Agreement, the Landlord hereby affirms the following statements:

1. The above information is true and correct.
2. The Landlord will not pursue additional legal action or eviction for non-payment of rent against the above-named renter for sixty (60) days from the date this Agreement is signed.
3. Landlord agrees to accept payment from Cobb County in the amount of \$ _____.
4. The Landlord understands that it may take up to **four (4) weeks** to receive this payment after the required paperwork has been received by Cobb County for processing.

Landlord's Signature: _____

Date: _____

Landlord's Printed Name: _____