

Landlord NON-EVICTION Waiver Form

City of Mission
Community Development Department
Texas Emergency Rental Assistance Program

LandLord:			
Client Name:		Address #	
NON-EVICTION Statement:	I _____ will release the tenant from payment liability for this time period, waive all claims raised if there is currently an eviction case, and not evict the tenant for the period covered by the TERAP.		

Landlord Signature

Date

Intake Signature

Date