

Application for Emergency Rental Assistance

Along with this application, please provide: last 30 days of income (household members over 18), a copy of your lease and/or utility bill with past due amount, copy of applicant's photo ID.

Who's applying? Tenant Landlord (on behalf of tenant)

Tenant Information

Last Name		First Name		SSN#
Address		City	Zip	County
Phone	Email Address (if available)			Date

Household: Number of Adults _____ Number of Children under 18 _____

Has anyone in your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income or had increased household costs? Yes No

If Yes, was this financial hardship due, directly or indirectly, to COVID-19? (Indirectly could include: loss of child support, increased food costs or medications, need to take care of a family member...) Yes No

Is anyone in your household at risk of homelessness or housing instability (If you were evicted for past due rent would you be at risk of homelessness)? Yes No

Has anyone in the household received federally funded rental assistance in the past 12 months? Yes No

Are you a veteran? Yes No Has anyone been a victim of domestic violence? Yes No

Citizenship: US Citizen Permanent Resident Temporary Resident Refugee Other

Race (check all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Other _____

Ethnicity: Hispanic Non-Hispanic Gender: Male Female Other

Landlord or Property Manager Information

Property Management Company (if applicable)

Last Name		First Name		Tax ID# or SSN# (if available)
Address		City	Zip	
Phone	Email Address			

Tenant Utility Information for Past Due Utilities

Company Name	Address (Street City Zip)	Phone	Account #

Tenant Household Income

Please tell us about the income of any individual in your household who is 18 or over. Does anyone in your household have any income Yes No

If yes, check all that apply, list income you received in the last 30 days and provide copies with this application.

- | | | |
|--|--|--|
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Money Paid to You for Rent | <input type="checkbox"/> Support |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Money Paid to You for Room or Board | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Gambling/Lottery | <input type="checkbox"/> Pensions | <input type="checkbox"/> Union Pay |
| <input type="checkbox"/> Guardian Fees | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Veteran Benefit |
| <input type="checkbox"/> Money Earned from Babysitting | <input type="checkbox"/> Sick Benefits | <input type="checkbox"/> Wages from Employment |
| <input type="checkbox"/> Money for Training | <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Money Paid to You for Loans | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Other _____ |

Name of Person with Income	Type/Source of Income/Name of Employer	Income/Pay: How much?	How often paid	Date of most recent payment

Tenant Household Expenses

Rent	Monthly \$ _____	Arrears \$ _____
Electric	Monthly \$ _____	Arrears \$ _____
Gas	Monthly \$ _____	Arrears \$ _____
Oil	Monthly \$ _____	Arrears \$ _____
Propane	Monthly \$ _____	Arrears \$ _____
Coal/Wood/Other	Monthly \$ _____	Arrears \$ _____
Trash	Monthly \$ _____	Arrears \$ _____
Water/Sewer	Monthly \$ _____	Arrears \$ _____

Notes: _____

ERAP Agency Use Only

Authorization Information Approved Denied Date _____

Type(s) of Assistance Provided

- Rental Assistance Rental Arrears Housing Stability Services Utility Assistance Utility Arrears

Amount of Assistance:

Rental Assistance \$ _____ Rental Arrears \$ _____ Housing Stability \$ _____

Utility Assistance \$ _____ Utility Arrears \$ _____ Total \$ _____

Number of months covered with: Rental Assistance _____ Utility Assistance _____

Household Income Level:

- Does not exceed 30% of the area median income for the HH
 Exceeds 30 percent but does not exceed 50 percent of the area median income for the household
 Exceeds 50 percent but does not exceed 80 percent of area median income for the household

Notes: Used 2020 annual calculation for eligibility Used monthly income at time of application

Rights and Responsibilities

RIGHT TO NONDISCRIMINATION

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

RIGHT TO CONFIDENTIALITY

We will keep your information private. It will only be used to decide which programs you may be eligible for. Any person knowingly violating any of the rules and regulations of this department shall be guilty of a misdemeanor and, upon conviction shall be sentenced to pay a fine, not exceeding one hundred (\$100) dollars, or to undergo imprisonment, not exceeding six months, or both (62 P.S. section 483).

RESPONSIBILITY TO PROVIDE INFORMATION

You must give true, correct and complete information. You must help in proving the information, you give. Benefits may be denied if you fail to provide certain proof. If you are contacted by Department of Human Services (DHS) or the Office of State Inspector General, you must fully cooperate with those persons or investigators.

PRIVACY ACT STATEMENT

(i) The collection of this information, including the Social Security number (SSN) of each household member, is authorized under 42 U.S.C. § 405(c)(2)(C)(i) and 62 P.S. § 432.2(b)(3). The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Emergency Rental Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. (ii) This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. (iii) failure to provide an SSN may result in the denial of Emergency Rental Assistance to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members. If someone wants help getting an SSN, call 1-800-772-1213 or visit www.ssa.gov. TTY users should call 1-800-325-0778

RIGHT TO APPEAL

You have the right to ask for a DHS hearing to appeal a decision if you believe it is unfair or incorrect, or if the provider fails to act on your application for benefits. You may file the appeal at: DHS Office of Hearings and Appeals, PO Box 2675, Harrisburg, PA 17105. If you appeal, you may also request a conference before the hearing by contacting the Emergency Rental Assistance Program (ERAP) program manager via email at RA-PWERAPOIM@pa.gov. At the hearing you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you.

Attestation/Certification

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefit. I understand that I may be required to work with other agencies as a condition of my approval for assistance. I agree to provide upon request any additional documentation required (i.e. pay stub, lease, recent bills, proof of unemployment etc) to aid in determining edibility.

Signature-Tenant

Name Printed-Tenant

Signature-Landlord (only if form was completed by landlord)

Name Printed-Landlord (only if form was completed by landlord)

Authorization for Release of Information (Tenant only)

I hereby authorize and request the disclosure to the county office any information concerning the age, residence, citizenship, employment, income, and any additional information involving eligibility for the rental and utility assistance programs for myself. It is understood that the information obtained will only be used for determination of rental/utility assistance or other housing assistance programs.

Signature of Tenant

Date

Name Printed - Tenant

Please list all other Household members

Characteristic	Spouse, Significant Other or Dependent 1	Dependent 2	Dependent 3	Dependent 4
Last Name				
First Name				
Date of Birth				
Gender				
Relationship				
Ethnicity				
Race				
Education Level Completed				
Health Insurance Type				
Military Status				
Disability Status				
Employment Status				

Goals you have for your family: