

# Recertification for Emergency Rental Assistance Program (ERAP)

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

Tenant Information				
Last Name		First Name		SSN# (optional)
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, was this financial hardship due, directly or indirectly, to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is anyone in your household at risk of homelessness or housing instability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has anyone in the household received rental/utility assistance in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, did anyone receive Emergency Rental Assistance in Pennsylvania in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>If NO, STOP and complete an ERAP application.</b>				
Have you moved to a different county since you last received ERAP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, in what county did you receive ERAP? _____				

Landlord or Property Manager Information				
Property Management Company (if applicable)				
Last Name		First Name		Tax ID# or SSN#
Address		City	Zip	
Phone	Email Address			

### Tenant Household Income

**Please tell us about the income of any individual in your household who is 18 or over.**

Did you provide last year's tax return to verify income for all individuals on your ERAP application in the last 12 months?

Yes    No

Please tell us about the income of any individual in your household who is age 18 or over.

Does anyone in your household have any income?    Yes    No

If **YES**, proceed to **Tenant Household Expenses**. If **NO**, check all that apply, and list the income of any individual in your household who is 18 or over.

- Commissions
- Dividends
- Gambling/Lottery
- Guardian Fees
- Money Earned from Babysitting
- Money for Training
- Money Paid to You for Loans

- Money Paid to You for Rent
- Money Paid to You for Room or Board
- Pensions
- Self-Employment
- Sick Benefits
- Social Security
- Supplemental Security Income (SSI)

- Support
- Unemployment
- Union Pay
- Veteran Benefit
- Wages from Employment
- Workers Compensation
- 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	Provider _____	Monthly \$ _____	Arrears \$ _____
Electric	Provider _____	Monthly \$ _____	Arrears \$ _____
Gas	Provider _____	Monthly \$ _____	Arrears \$ _____
Oil	Provider _____	Monthly \$ _____	Arrears \$ _____
Propane	Provider _____	Monthly \$ _____	Arrears \$ _____
Coal/Wood/Other	Provider _____	Monthly \$ _____	Arrears \$ _____
Trash	Provider _____	Monthly \$ _____	Arrears \$ _____
Water/Sewer	Provider _____	Monthly \$ _____	Arrears \$ _____
Other ( <i>explain below</i> )	Provider _____	Monthly \$ _____	Arrears \$ _____

Notes:

## 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, audiotape, 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):

(1) mail: U.S. Department of Health and Human Services (HHS)  
HHS Director, Office for Civil Rights, Room 515-F  
200 Independence Avenue, S.W.  
Washington, D.C. 20201; or

(2) 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

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-iv) 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.

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. 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:

(1) call: 1-800-772-1213 or 1-800-325-0778 (TTY); or

(2) visit: [www.ssa.gov](http://www.ssa.gov).

### RIGHT TO APPEAL

You have the right to ask for a 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 through the county agency by following the information provided on the eligibility determination notice from the ERAP agency for your county.

If you appeal, you may also request a conference with the ERAP agency before the hearing.

At the hearing you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you.

### Certification

I understand and agree that I am responsible for any fraudulent statements made on this recertification, even if the recertification 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 recertification will be kept confidential and used only to administer benefits. 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 eligibility.

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

### 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  
 Other

Amount of Assistance:

Rental Assistance \$ \_\_\_\_\_ Rental Arrears \$ \_\_\_\_\_ Housing Stability \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Utility Assistance \$ \_\_\_\_\_ Utility Arrears \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Number of months covered with: Rental Assistance \_\_\_\_\_ Rental Arrears \_\_\_\_\_ Utility Assistance \_\_\_\_\_ Utility Arrears \_\_\_\_\_

Household Income Level:

Does not exceed 30 percent of the area median income for the household  
 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  
 Categorically Eligible  Fact Specific Proxy  Self-Attestation