# Application for Emergency Rental Assistance

Who’s applying?  [ ] Tenant  [ ] Landlord (on behalf of tenant)

<table>
<thead>
<tr>
<th>Tenant Information</th>
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<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>SSN#</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>Zip</td>
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<tr>
<td>Phone</td>
<td>Email Address</td>
<td>Date</td>
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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?  [ ] Yes  [ ] No

Is anyone in your household at risk of homelessness or housing instability?  [ ] 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 Alaskan Native  [ ] Asian  [ ] Black or African American  [ ] Native Hawaiian or Pacific Islander  [ ] White  [ ] Other

Ethnicity:  [ ] Hispanic  [ ] Non-Hispanic  Gender:  [ ] Male  [ ] Female

<table>
<thead>
<tr>
<th>Landlord or Property Manager Information</th>
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<tbody>
<tr>
<td>Property Management Company (if applicable)</td>
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<tr>
<td>Last Name</td>
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<td>Address</td>
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<td>Phone</td>
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<th>Tenant Utility Information</th>
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<tr>
<td>Company Name</td>
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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, and list the income you have already received.

- 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 | 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 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
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.

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-PWERAPIM@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 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.

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## 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.

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