

EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)

Written Attestation of Need

This is to attest that I, _____, currently residing at:

<i>Address (include apt. #)</i>	<i>City</i>	<i>zip</i>

If address does NOT match the address on the ID/drivers license copy you are providing, attach a utility bill that shows your address.

am providing the following proof of need in order to apply for (check one or both)

___ Rental Assistance

___ Utility Assistance

due to the fact that I have lost income as a result of the COVID-19 pandemic. My proof of this is attached as *(check how you are proving income loss and then attach that documentation)*

___ unemployment benefit letter *(copy is attached)*

OR

___ reduction in income as proven by:

- Letter from employer stating you were laid off and eligible to return
OR
- Paystubs proving reduction in income
OR
- Computation sheet for self-employment with attachments

AND I am at risk of homelessness because: *(check one and provide documentation)*

_____ I am past due on rent (provide copy of lease AND landlord certification AND W9 for Landlord

OR

_____ I am past due on a utility that is needed for housing (provide copy of past due bills)

OR

_____ I am living in unsafe conditions and need to move (payments can only be made for moving if tenant is leaving the county currently in project)

I also, hereby attest that I have NOT received assistance through other federal, state or local assistance programs for this same time period OR if I have, I will provide proof so that duplication of service is prevented.

Signed _____

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Income Calculation Sheet for Self-Employed

Name:	ID:
A. Prior earnings (as evidenced by tax return)	
B. Deduct allowable costs of producing income such as: rent, utilities, insurance, taxes, employee labor costs, costs of advertising, legal fees, professional fees, transportation costs, materials	
C. Is Total of A and B	
D. Divide C by number of months income covers – this is your representative month	

Use representative month amount to fill out Income Computation worksheet

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INCOME COMPUTATION WORKSHEET

Income Going Back 30 Days

ADULT MEMBER NAME			APPLICATION SIGNED DATE			START DATE			END DATE		
CUSTOMER NAME:						CUSTOMER NAME:					
SOURCE		PAID DATE		GROSS AMOUNT		SOURCE		PAID DATE		GROSS AMOUNT	
TOTAL \$ AMOUNT:						TOTAL \$ AMOUNT:					
GRAND TOTAL ALL HOUSEHOLD MEMBERS' GROSS INCOME \$											

Grand Total: _____ ÷ number of weeks in pay period _____ = Representative Week \$ _____

Representative Week \$ _____ x 4.33 = Estimated Monthly Gross Income \$ _____

Representative Week \$ _____ x 52 = Estimated Annual Gross Income \$ _____

Family Size: _____ Monthly Income Limit _____ Annual Income Limit _____

Income Eligible? YES NO

Customer Signature: _____ Date: _____

Completed By: _____ Date: _____

Please submit only ONE of the following items for proof of eligibility:

- If unemployed and receiving benefits
COPY OF UC LETTER

- If employed and income was reduced due to pandemic
FILL OUT INCOME COMPUTATION WORKSHEET
AND
Attach Supporting Documents

- If self-employed AND income was reduced due to pandemic
FILL OUT INCOME CALCULATION SHEET
AND
Attach Supporting Documents

Past Due Utility Bills Submission for people with income affected by the pandemic ONLY

The following utilities are eligible for submission:

Electricity

Gas

Water

Sewer

Energy costs

NOT eligible are telecommunications services

Bills may not be for any period before March 13, 2020 (so your bill that you received in March that is for the February 2020 time frame is NOT submissible.)

All bills must be readable

Past due bills are prioritized

Emergency Rental Assistance Program (ERAP)

LANDLORD CERTIFICATION

I certify that:

I am the owner or legal agent of the residence listed below. The renter is at least one month in arrears of rent payment and is in danger of eviction OR the renter is a new tenant and is requesting funding to gain occupancy at this location (not in Mifflin or Juniata Counties):

Address:

City/State/Zip:

_____ I accept payment for arrearage or occupancy

_____ I will not accept payment and do not choose to participate in program

Monthly rent amount: _____

Amount in arrears: _____

Landlord name	
Renter name	
Address of Landlord to mail payment	
Phone number landlord	
Email of landlord	

Landlord W9 MUST BE ATTACHED

AND

a copy of lease or written agreement that clearly outlines terms of occupation (name of tenants, address, length of occupancy and amount of monthly rent and items included in payment)

Landlord signature: _____

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TENANT CERTIFICATION

I certify that:

I am the tenant or future tenant of the residence listed below. I am at least one month in arrears of rent payment and am in danger or eviction OR I am a new tenant and am requesting funding to gain occupancy at this location (not in Mifflin or Juniata Counties):

Address:

City/State/Zip:

_____ I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearages or occupancy.

Monthly rent amount: _____

Amount in arrears: _____

Landlord name	
Renter name	
Address of Landlord to mail payment	
Phone number landlord	
Email of landlord	

Landlord W9 MUST BE ATTACHED

AND

a copy of lease or written agreement that clearly outlines terms of occupation (name of tenants, address, length of occupancy and amount of monthly rent and items included in payment)

Tenant Signature _____

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Unsafe Living Conditions Policy

These are items that would be considered unsafe HOWEVER, you must first report these items to a landlord and give landlord time to correct before you can state that you are living in an unsafe condition.

Please list the date that this list was given to the landlord: _____

Please check if a violation exists and get landlord signature to complete the form in order to use this reason for ERAP eligibility:

Heat is working improperly or not at all

No electricity or gas supply

Inadequate or insufficient electrical outlets or lighting in common areas

Unsafe or no water supply

No working toilet or sewage disposal system

Inadequate exits or obstruction of exits

Inadequate or lack of locks for entry doors

Accumulation of garbage or filth that may provide food or shelter for rodents, insects or other pests; or that results in mold or other pestilence

Lead paint that a child under 6 can reach

Tenant signature _____

Landlord signature _____

Landlord contact information: