

## Emergency Rental and Utility Relief Application

*Please complete all sections marked with (\*) as well as any other questions that you are able*

### Applicant Information

<b>Applicant Name (First and Last Name)*</b>		<b>Date of Birth*</b>		<b>Social Security Number*</b>	
<b>Phone Number*</b> (        )		<b>Email</b>		<b>Preferred Method of Contact*</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email	
<b>Home Address*</b> (include Street, Apt. Number, City, State & Zip Code)					
<b>Mailing Address, if Different</b> (include Street, Apt. Number, City, State, and Zip Code)					
<b>Please indicate how you identify yourself:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> I do not wish to answer		<input type="checkbox"/> Asian <input type="checkbox"/> White		<b>Are you of Hispanic or Latino descent?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I do not wish to answer	
<b>Please indicate how you identify yourself:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Other					
<b>Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other					
<b>Are you a Veteran?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Has anyone in Household been a victim of domestic violence?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Has anyone in your household received federally funded rental assistance in the past 12 months?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					

### Household Information

<b>Head of Household (First and Last Name)*</b>			<b>Household Annual Income</b>		<b># of Individuals Living in Household*</b> Adults: _____ Children: _____	
<b>Address of Rental Unit*</b> (include Street, Apt. Number, City, State, & Zip Code)						
<b>Enter all household member name(s) and date(s) of birth below - over 18 years.</b>						
Family Member #	Last Name	First Name & Middle Initial	Relationship to Head of House (e.g.: spouse, child, ect.)	Date of Birth (MM/DD/YYYY)	Disable (Yes/No)	Student (Yes/No)
#1						
#2						
#3						
#4						
#5						
#6						
<b>Size of Rental Unit (# of bedrooms)</b>		<b>Do you own any pets?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cost of Rent (monthly amount)</b>		<b>Are Utilities Included in Rent?*</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>What Utilities Are You Responsible For?*</b> <input type="checkbox"/> Water <input type="checkbox"/> Trash <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____		<b>What Months Are You Behind in Rent? *</b> (Month and Year)		<b>What Months Are You Behind in Utilities?</b> (Month and Year)		

## Emergency Rental and Utility Relief Application Continued

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Utilities and/or Home Energy Costs <i>(utility company name and amount)</i>	Amount Owed in Back Rent	Amount of Past Due Utilities
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### Landlord Information

Landlord Name *	Landlord Phone Number*	Tax ID or DUNS Number
Landlord Address <i>(include Street, Apt. #, City, State, Zip Code)*</i>		
Landlord E-mail Address		

### Other Needed Information

The following documents are **required** when turning in your application:

- 2020 Tax return (form 1040) **or** 2 months of most recent paystubs **or** unemployment compensation statement **or** Benefit/Other income for household
- Signed lease or rental agreement
- Documentation from landlord or utility provider demonstrating arrears owed
- Copy of identification (government issued photo ID, driver's license, passport, birth certificate, etc.)
- Proof of residence, if not included in other required documents

**If you have any questions, please call Andy Pepper 717-601-8027 (8AM – 4PM, M-F) or email [apepper@perryco.org](mailto:apepper@perryco.org).**

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### Household Gross Annual Income

**\*\*All income sources of any kind should be gross, before taxes are taken out or reduction for either income or benefits.**

Source	Frequency (week/bi-weekly/month/ annual)	Family Member #1 Amount	Family Member #2 Amount	Family Member #3 Amount	Family Member #4 Amount	Family Member #5 Amount	Family Member #6 Amount
<b>Earned Income**</b>							
Employer							
Net income from a business							
<b>Benefit Income</b>							
Annuities							
Disabilities/ Workers Compensation							
Social Security							
Supplemental Security Income (SSI)							
Temporary Assistance to Needy Families (TANF)							
Veterans Administration (VA) Benefits							
Unemployment							
<b>Other Income</b>							
Alimony							
Child Support							
Retirement or Pension							
Adoption Assistance (count only the first \$480)							
Trust							
Cash assistance from friends or family not residing in the household							
Other							
<b>Totals</b>							

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Please tell us how COVID-19 has impacted you financially that threatens the household's ability to pay the costs of the rental property when due.\*

- Loss of employment                       Decrease in income                       Increase in utilities  
 Decrease in employment hours                       Increase in childcare                       Taking care of a sick family member  
 Other: \_\_\_\_\_

Was the financial hardship directly or indirectly related to COVID19?*	<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

### Certification

I, \_\_\_\_\_\* (consumer name), attest that my household has experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID – 19 that threaten the household's ability to pay the costs of the rental property and/or utility(s) when due and/or are eligible to receive unemployment benefits.

I, \_\_\_\_\_\* (consumer name), acknowledge that submitting this application, I am not automatically awarded funding.

I, \_\_\_\_\_\* (consumer name), attest that my household has not received any other rental assistance or utility assistance provided **during the same time** in which I wish to request funds from the Perry County Emergency Rental Assistance Program. If funds are to be found duplicated, I am responsible for paying Perry County back the amount they provided.

I, \_\_\_\_\_\* (consumer name), attest, subject to penalties provided by law, that all information given within this application is correct, true, and complete to the best of my knowledge.

I, \_\_\_\_\_\* (consumer name), understand that my social security number given will be used in the administration of this program.

I, \_\_\_\_\_\* (consumer name), give permission to this program and its administrative partners to share the information contained on this application for the sole purpose of carrying out this program.

**I, \_\_\_\_\_\* (consumer name) state that the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).**

I understand that the information provided may be subject to further verification by GRANTEE, DCED, or US Department of Housing and Urban Development. If necessary, I will provide the information required to verify this data (examples may include but are not limited to: payroll records, tax filings, bank account statements, ect.).

I therefore, authorize such verification, and I will provide the supporting documentation if necessary.

Please print your name and sign below.

Printed Name\*: \_\_\_\_\_ Date: \_\_\_\_\_

Signature\*: \_\_\_\_\_

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### 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), 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](http://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](mailto:RA-PWERAPOIM@pa.gov). At the hearing you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you.

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