



Emergency Rental Assistance Program

Cumberland County Emergency Rental Assistance (CCERAP) Application

HOTEL/MOTEL APPLICATION

Submittal Instructions and Checklist

The Cumberland County Emergency Rental Assistance Program is available for eligible households financially impacted by COVID-19.

Eligible Households: Defined as a renter household in which at least one or more individuals meets the following criteria:

- Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- Or**
Has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic;
- Demonstrates a risk of experiencing homelessness or housing instability; and
- Has a household income at or below 80% of the area median income level.

Additional Criteria:

- All applicants must live in Cumberland County
- All applicants must meet income eligibility criteria and must have a documented loss of income due to COVID-19 or during the coronavirus pandemic. Program recipients may not receive rental assistance from other sources to cover the same expense. After 6 months of assistance, applicants will need to provide copies of updated income documentation.
- Renter households may apply for rent and/or utility assistance (arrears, current and future) for up to 18 months in 3 month increments.
- Renter households and landlords may need to submit a new application at 12-15 months of assistance.
- Renter households may seek assistance for any arrears beginning March 13, 2020.
- Households may return for additional assistance if they continue to have a need.
- Utilities are limited to electricity, gas, fuel oil, internet, water and sewer and trash removal.
- Priority is given to those applicants that are below 50% of the area median income or unemployed for 90 days. The program limits eligibility to households with income that does not exceed 80% of area median income.
- All payments will be made directly to the landlord/hotel/motel or utility company, except in extreme circumstances



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Household Size	1	2	3	4	5	6	7	8
80% AMI	\$47,550	\$54,350	\$61,150	\$67,900	\$73,350	\$78,800	\$84,200	\$89,650
50% AMI	\$29,750	\$34,000	\$38,250	\$42,450	\$45,850	\$49,250	\$52,650	\$56,050

Instructions: You may submit this application along with all supporting documentation to:

Email- rentrelief@cchra.com **Mail-** Rent Relief, CCHRA, 114 N Hanover St. Carlisle, PA 17013

DropOff- CCHRA Drop Box in front at 114 N Hanover St. Carlisle, PA 17013



[Initial Application Checklist](#)

If this is the first time you are applying for funds, please make sure to submit the following:

- Program Application with all questions complete and signed by tenant and hotel management (if possible)
- Documentation of COVID-19 or Impact during the pandemic: If you experienced a loss of income due to COVID-19 or during the pandemic, submit a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19. If you are unable to pay your rent or utilities due to an unexpected medical cost, submit your medical bill.
- Photo ID
- Hotel/Motel W-9
- Hotel/Motel Invoices
- Income Documentation: Documentation of any household income from before you experienced a loss of income due to COVID or during the pandemic. (Paystubs, W-2s, tax filings, bank statements demonstrating regular income, attestation from an employer)
 - If you are self-employed, submit the Self-Employment Certification Form.
 - Unemployed: provide documentation regarding unemployment compensation. (UC Claim Confirmation Letter, bank statement showing unemployment benefits)
- If you are seeking utility assistance, submit the utility bill. Please note you may be asked to submit additional documentation.

[Return Application Checklist](#)

If you have already submitted the initial application and are returning for additional assistance, please submit the following:

- Self-Certification for Continued Assistance to be provided every 3 months.
- If you are seeking utility assistance, submit the utility bill or proof of arrears.



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Tenant/Hotel & Motel Application

TENANT:

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____

City: _____

State: _____ **Zip Code:** _____ **Home Phone #:** _____

Cell#: _____ **Email:** _____

Gender: Male Female

Race: (You can select more than one):

American India or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Ethnicity: Hispanic/Latino Non Hispanic/Latino

Veteran: Yes No

Please list all household members below:

Household Member	Relationship	Date of Birth	Income PRE COVID	Income Post COVID
1.				
2.				
3.				
4.				
5.				
6.				

Hotel Name: _____

Hotel Manager Name: _____

Phone: _____

E-mail: _____



Please check the type(s) of assistance you are requesting help with (Request for 3 months at a time, limit 18 months total, may need to submit new application at 12 months):

- Rental Assistance
Months/Weeks: _____
Amount: _____
- Rental Arrears
Months/Weeks: _____
Amount: _____
- Utility Assistance (PLEASE ATTACH COPY OF ALL BILLS)

Please indicate any circumstances that apply by checking the applicable boxes below:

- Qualifies for unemployment
- Experienced a reduction in household income. Please Explain:

- Incurred significant costs Please Explain:

- Experienced a financial hardship due to COVID-19. Please Explain:

- Demonstrates a risk of experiencing homelessness or housing instability. Please Explain:



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Required Documentation: Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19 or during the pandemic. If you are unable to pay your rent or utilities due to an unexpected medical cost, attach the medical bill.

Do you receive any permanent or temporary rental assistance such as a Housing Choice Voucher (Section 8) or other rental assistance?

Yes

No

Please list any emergency rental assistance that you have applied for and the outcome of that application (whether you received assistance).

Please explain how you came to reside at hotel/motel and future plans.



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HOTEL/MOTEL INFORMATION

Hotel/Motel Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Hotel/Motel Manager Name: _____

Phone: _____

E-mail: _____

Weekly Rent Amount: \$ _____

First Date of Occupancy: _____

Is the tenant in arrears? Yes No If yes, how much does the tenant owe? \$ _____

Are you currently receiving any other form of rental assistance for this household?

Yes No

If yes, how much have you received? \$ _____ per _____

The undersigned certifies that: (Please initial each statement that is true and accurate)

_____ To the best of his or her knowledge the apartment referenced above contains no health or safety violations that threatens the health or safety of the tenant and is habitable.

_____ The undersigned certifies that they have not received rent payments, from the tenant or any other program, that covers the unpaid rent listed above.

_____ The undersigned agrees that they will not evict the tenant, or ask the tenant to leave for the duration of this assistance. The undersigned agrees that if the tenant is facing eviction, the undersigned will only accept payment arrears if the eviction will be avoided.

_____ The undersigned certifies that all taxes are up to date on the above listed rented property.

_____ The undersigned confirms that the above information is true and accurate to the best of his or her knowledge and that providing false representations herein constitutes an act of fraud.

I certify that the information presented in this application is true and accurate to the best of my knowledge. I certify that I have not already been provided rental or utility assistance for the funds



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requested in this application. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. As a person or entity receiving ERAP assistance, I agree to repay assistance that is determined to be duplicative. By signing below, this constitutes an agreement with Cumberland County Housing Authority

Signature of Applicant / Head of Household

Date

Signature of Hotel/Motel Representative

Date

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