



Emergency Rental Assistance Program

Cumberland County Emergency Rental Assistance (CCERAP) 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;
- 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. 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 12 months in 3 month increments.
- 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, 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 or utility company.

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



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

Remote Locations available to pick up applications visit www.cchra.com for details

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 landlord
- Documentation of COVID-19 Impact: If you experienced a loss of income due to COVID-19, 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
- Rent Ledger
- Signed Lease
- Landlord W-9 Form
- Copy of Broker License if Property Management is applying on behalf of owner
- Income Documentation: Documentation of any household income from before you experienced a loss of income due to COVID. (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.
- If you are seeking utility assistance, submit the utility bill or proof of arrears.



Emergency Rental Assistance Program

Tenant/Landlord Application

TENANT:

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

Address: _____

City: _____

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

Cell#: _____ **Email:** _____

Do you wish to receive automated updates? Yes No

Number/Email to receive automated updates:

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

Number of bedrooms in unit listed above: _____

Please list all household members below:

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



Landlord Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

E-mail: _____

Please check the type(s) of assistance you are requesting help with (Request for 3 months at a time, limit 12 months total):

Rental Assistance

Months: _____

Amount: _____

Rental Arrears

Months: _____

Amount: _____

Utility Assistance

Gas/Oil

Electric

Water

Months: _____

Months: _____

Months: _____

Amount: _____

Amount: _____

Amount: _____

Sewer

Trash

Months: _____

Months: _____

Amount: _____

Amount: _____

Utility Arrears

Gas/Oil

Electric

Water

Months: _____

Months: _____

Months: _____

Amount: _____

Amount: _____

Amount: _____

Sewer

Trash

Months: _____

Months: _____

Amount: _____

Amount: _____



Emergency Rental Assistance Program

Please indicate what circumstance apply by checking the applicable box 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:

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. 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).



Emergency Rental Assistance Program

LANDLORD

Landlord/Owner Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

E-mail: _____

Management Company (if applicable): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

E-mail: _____

Remit Payment to: Landlord/Owner Management Company (Provide copy of broker license)

Number of Bedrooms in Rental Unit Listed Above: _____

Monthly Rent Amount: \$ _____ Date Next Payment Due: _____

Amount of Last Payment Received: \$ _____ Date of Last Payment: _____

Lease Start Date: _____ Lease End Date: _____

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.

