



# 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, 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 or utility company, except in extreme circumstances

Household Size	1	2	3	4	5	6	7	8
<b>80% AMI</b>	\$47,550	\$54,350	\$61,150	\$67,900	\$73,350	\$78,800	\$84,200	\$89,650
<b>50% AMI</b>	\$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](mailto: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](http://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.				



# Emergency Rental Assistance Program

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

<input type="checkbox"/> Gas/Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Water
Months: _____	Months: _____	Months: _____
Amount: _____	Amount: _____	Amount: _____
<input type="checkbox"/> Sewer	<input type="checkbox"/> Trash	<input type="checkbox"/> Internet
Months: _____	Months: _____	Months: _____
Amount: _____	Amount: _____	Amount: _____

Utility Arrears

<input type="checkbox"/> Gas/Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Water
Months: _____	Months: _____	Months: _____
Amount: _____	Amount: _____	Amount: _____
<input type="checkbox"/> Sewer	<input type="checkbox"/> Trash	<input type="checkbox"/> Internet
Months: _____	Months: _____	Months: _____
Amount: _____	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:

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- Incurred significant costs Please Explain:

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

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- 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. 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).**

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# 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.



# Emergency Rental Assistance Program

\_\_\_\_\_ 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 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 Landlord 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
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Name Printed - Tenant
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