



**Cumberland County Emergency Rental Assistance Program (CCERAP)**

**Self-Certification for Continued Assistance**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that my household continues to lack sufficient resources to pay rent and/or utilities because of the COVID-19 emergency. Ongoing assistance is needed for my household and no additional funding sources are available. There have been no changes to the income reported in my original application other than as noted below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I therefore request assistance to pay for:

Rent in the amount of \$ \_\_\_\_\_

Utilities in the amount of \$ \_\_\_\_\_ (PROVIDE COPY OF BILL FOR MONTH(S) REQUESTED)

For the following months: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I certify that I have not already been provided rental or utility assistance, through another provider or any other program, that covers the costs requested in this form. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

If requesting assistance for utilities please provide the current utility bill you are requesting assistance with.

\_\_\_\_\_  
Signature of Applicant / Head of Household

\_\_\_\_\_  
Date

**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**

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