

## Emergency Rental and Utility Relief Application

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

### Applicant Information

|  |  |   |   |
|--|--|---|---|
| Applicant Name (First and Last Name)*  |  | Date of Birth*  | Last 4 digits of Social Security Number*  |
| Phone Number*<br>( )   |  | Email*  | Preferred Method of Contact*<br><input type="checkbox"/> Phone<br><input type="checkbox"/> Email  |
| Home Address* (include Street, Apt. Number, City, State & Zip Code)  |  |   |   |
| Current Mailing Address, if Different (include Street, Apt. Number, City, State, and Zip Code)   |  |   |   |
| Please indicate how you identify yourself:<br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Mixed Race<br><input type="checkbox"/> I do not wish to answer <input type="checkbox"/> Other |  | Are you of Hispanic or Latino descent?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> I do not wish to answer   | Please indicate how you identify yourself:<br><input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming<br><input type="checkbox"/> Female <input type="checkbox"/> Other<br><input type="checkbox"/> Trans Male <input type="checkbox"/> I do not wish to answer<br><input type="checkbox"/> Trans Female |
| Have you or your spouse ever served active duty of the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?*  | Which best describes your current military status?   | Are you a Veteran of the Armed Forces, Reserves or Guard (check all that apply)?  |   |
| <input type="checkbox"/> YES <input type="checkbox"/> Military Spouse<br><input type="checkbox"/> NO   | <input type="checkbox"/> currently on active duty<br><input type="checkbox"/> currently in reserves<br><input type="checkbox"/> no longer in military service<br><input type="checkbox"/> I do not wish to answer. | <input type="checkbox"/> Army <input type="checkbox"/> Air Force<br><input type="checkbox"/> Navy <input type="checkbox"/> Reserves<br><input type="checkbox"/> Marine Corps <input type="checkbox"/> Spouse of a Veteran<br><input type="checkbox"/> Coast Guard |   |

### Household Information

|   |   |   |  |
|---|---|---|--|
| Head of Household (First and Last Name) if different than the applicant.  | I, as the person completing this form, attest that the annual income of our household is \$_____ which is at or below 80 percent AMI.         | Has Anyone in Your Household Been Unemployed for Greater than 90 Days in the Past Year?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO | # of Individuals Living in Household*<br><br>Adults: _____ Children: _____                     |
| Address of Rental Unit* (include Street, Apt. Number, City, State, & Zip Code)  |   |   |  |
| Have you received eviction paperwork? (check all that apply)<br><input type="checkbox"/> Order of Possession <input type="checkbox"/> Notice to Quit<br><input type="checkbox"/> Judgment Passed<br><input type="checkbox"/> Landlord/Tenant Complaint                          | Have you received a shut off notice for your utilities?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Company Name: _____ | Cost of Rent (monthly amount)   | Are Utilities Included in Rent?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| What Utilities Are You Responsible For?<br><input type="checkbox"/> Water <input type="checkbox"/> Trash <input type="checkbox"/> Electric<br><input type="checkbox"/> Oil <input type="checkbox"/> Sewer <input type="checkbox"/> Gas<br><input type="checkbox"/> Other: _____ | What Months Are You Behind in Rent? (Month and Year)  | What Months Are You Behind in Utilities? (Month and Year)   |  |
| Utilities and/or Home Energy Costs (utility company name and amount)  | Total Amount Owed in Back Rent  | Total Amount of Past Due Utilities  |  |

### Landlord Information

|  |                       |                       |
|--|-----------------------|-----------------------|
| Landlord/Property Management Company Name (First and Last Name)  | Landlord Phone Number | Tax ID or DUNS Number |
| Landlord Address (include Street, Apt. #, City, State, Zip Code) |                       |                       |

## Emergency Rental and Utility Relief Application Continued

### Other Needed Information

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

- 2020 Tax return (form 1040) *or* 30-days of most recent pay-stubs *or* unemployment compensation statement
- Signed lease or rental agreement
- Documentation from landlord or utility provider demonstrating arrears owed for EACH month requesting assistance
- Copy of identification (government issued photo ID, driver's license, passport, birth certificate, etc.)
- Proof of residence, if not included in other required documents

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 costs
- Taking care of a sick family member
- Other: \_\_\_\_\_

### 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), 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 Dauphin County Emergency Rental Assistance Program. If funds are to be found duplicated, I am responsible for paying Dauphin 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), authorize representatives of this program and its administrative partners to speak with the landlord and/or utility/home energy companies listed herein regarding duration of stay, rent/utility amounts, payment history, and interest in 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).

Please print your name and sign below.

Printed Name\*: \_\_\_\_\_ Today's Date\*: \_\_\_\_\_

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