

ERAP 2- Rent Checklist

Below is a list of documents that must be provided before being approved for financial assistance through the Emergency Rental Assistance Program. Please work with your landlord to collect the required documentation. **We suggest gathering all the forms and submitting them together.**

Tenant:

- ERAP Application — (please include personal budget)
- SCA Intake Form
- Consent For Release of Information
- Rental lease agreement
- Rental eviction notice/proof of rent arrearages (if behind on rent)
- Proof of Income for all household members (Paystubs past 30 days, SSI/SSDI award letter, proof of child support, etc.) OR Zero Income Form
- Photo ID
- Social Security Number verification for applicant (copy of social security card, tax return, w-2, or other tax forms)

Landlord:

- Landlord Certification – (Include which months arrears are owed)
- W-9 – (Landlord must complete)
- Landlord Proof of Ownership- (Real-estate taxes, deed, or bill in landlords name for the property)

Please return all documents to:

<p>225 N. Centre St. Pottsville PA 17901 Fax: 570-622-0429</p>
--

OR

Email them to RentalHelp@schuykillcommunityaction.com

You must make an appointment with your case manager to process your application.

Meetings take about 45minutes and can be conducted in person or via phone. When we receive your application, a case manager will call you to schedule a meeting. *Meetings can be rescheduled if we do not have all required documents outlined above. This will delay the process of verifying your information and making a payment.*

Incomplete applications are denied after 21 days.

Application for Emergency Rental Assistance

Who's applying? Tenant Landlord (on behalf of tenant)

Tenant Information

Last Name		First Name		SSN#
Address		City	Zip	County
Phone	Email Address (if available)			Date

Household: Number of Adults _____ Number of Children under 18 _____

Has anyone in your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income or had increased household costs?

Yes No

If Yes, was this financial hardship due, directly or indirectly, to COVID-19? Yes No

Is anyone in your household at risk of homelessness or housing instability? Yes No

Has anyone in the household received federally funded rental assistance in the past 12 months?

Yes No

Are you a veteran? Yes No

Has anyone been a victim of domestic violence? Yes No

Citizenship: US Citizen Permanent Resident Temporary Resident Refugee Other

Race (check all that apply) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other _____

Ethnicity: Hispanic Non-Hispanic

Gender: Male Female

Landlord or Property Manager Information

Property Management Company (if applicable)

Last Name		First Name		Tax ID# or SSN# (if available)
Address		City	Zip	
Phone	Email Address			

Tenant Utility Information

Company Name	Address (Street City Zip)	Phone	Account #

Tenant Household Income

Please tell us about the income of any individual in your household who is 18 or over.

Does anyone in your household have any income? Yes No

If yes, check all that apply, and list the income you have already received.

- | | | |
|--|--|--|
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Money Paid to You for Rent | <input type="checkbox"/> Support |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Money Paid to You for Room or Board | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Gambling/Lottery | <input type="checkbox"/> Pensions | <input type="checkbox"/> Union Pay |
| <input type="checkbox"/> Guardian Fees | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Veteran Benefit |
| <input type="checkbox"/> Money Earned from Babysitting | <input type="checkbox"/> Sick Benefits | <input type="checkbox"/> Wages from Employment |
| <input type="checkbox"/> Money for Training | <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Money Paid to You for Loans | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Other _____ |

Name of Person with Income	Type/Source of Income/Name of Employer	Income/Pay: How much?	How often paid	Date of most recent payment

Tenant Household Expenses

Rent	Monthly \$ _____	Arrears \$ _____
Electric	Monthly \$ _____	Arrears \$ _____
Gas	Monthly \$ _____	Arrears \$ _____
Oil	Monthly \$ _____	Arrears \$ _____
Propane	Monthly \$ _____	Arrears \$ _____
Coal/Wood/Other	Monthly \$ _____	Arrears \$ _____
Trash	Monthly \$ _____	Arrears \$ _____
Water/Sewer	Monthly \$ _____	Arrears \$ _____

Notes: _____

ERAP Agency Use Only

Authorization Information Approved Denied Date _____

Type(s) of Assistance Provided

Rental Assistance Rental Arrears Housing Stability Services Utility Assistance Utility Arrears

Amount of Assistance:

Rental Assistance \$ _____ Rental Arrears \$ _____ Housing Stability \$ _____

Utility Assistance \$ _____ Utility Arrears \$ _____ Total \$ _____

Number of months covered with: Rental Assistance _____ Utility Assistance _____

Household Income Level:

- Does not exceed 30% of the area median income for the HH
- Exceeds 30 percent but does not exceed 50 percent of the area median income for the household
- Exceeds 50 percent but does not exceed 80 percent of area median income for the household

Notes: Used 2020 annual calculation for eligibility Used monthly income at time of application

Rights and Responsibilities

RIGHT TO NONDISCRIMINATION

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

RIGHT TO CONFIDENTIALITY

We will keep your information private. It will only be used to decide which programs you may be eligible for. Any person knowingly violating any of the rules and regulations of this department shall be guilty of a misdemeanor and, upon conviction shall be sentenced to pay a fine, not exceeding one hundred (\$100) dollars, or to undergo imprisonment, not exceeding six months, or both (62 P.S. section 483).

RESPONSIBILITY TO PROVIDE INFORMATION

You must give true, correct and complete information. You must help in proving the information, you give. Benefits may be denied if you fail to provide certain proof. If you are contacted by Department of Human Services (DHS) or the Office of State Inspector General, you must fully cooperate with those persons or investigators.

PRIVACY ACT STATEMENT

(i) The collection of this information, including the Social Security number (SSN) of each household member, is authorized under 42 U.S.C. § 405(c)(2)(C)(i) and 62 P.S. § 432.2(b)(3). The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Emergency Rental Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. (ii) This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. (iii) failure to provide an SSN may result in the denial of Emergency Rental Assistance to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members. If someone wants help getting an SSN, call 1-800-772-1213 or visit www.ssa.gov. TTY users should call 1-800-325-0778

RIGHT TO APPEAL

You have the right to ask for a DHS hearing to appeal a decision if you believe it is unfair or incorrect, or if the provider fails to act on your application for benefits. You may file the appeal at: DHS Office of Hearings and Appeals, PO Box 2675, Harrisburg, PA 17105. If you appeal, you may also request a conference before the hearing by contacting the Emergency Rental Assistance Program (ERAP) program manager via email at RA-PWERAPOIM@pa.gov. At the hearing you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you.

Attestation/Certification

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefit. I understand that I may be required to work with other agencies as a condition of my approval for assistance. I agree to provide upon request any additional documentation required (i.e. pay stub, lease, recent bills, proof of unemployment etc) to aid in determining edibility.

Signature-Tenant

Name Printed-Tenant

Signature-Landlord (only if form was completed by landlord)

Name Printed-Landlord (only if form was completed by landlord)

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

Schuylkill Community Action- Intake Form

Please complete the following information for you and all household members. Failure to complete this form in its entirety may delay the processing of your assistance. **Continue on the back for additional household members.**

	Head of household	Household member 1	Household member 2	Household member 3	Household member 4
Name					
Social Security Number					
Date of Birth					
Gender					
Race					
Ethnicity-Hispanic/Latino- (Yes or No)					
Disabled (Yes/No)- If yes, physical or mental					
Military- (Active, Veteran, or No)					
Employed- (Yes/No) If yes, Full or Part-time					
Health Insurance- (Yes/No) If yes, Private or Subsidized					
Name of Health Insurer					
Highest level of education completed					

Name _____ Date _____

Additional Household Members

	Household member 5	Household member 6	Household member 7	Household member 8	Household member 9
Name					
Social Security Number					
Date of Birth					
Gender					
Race					
Ethnicity-Hispanic/Latino- (Yes or No)					
Disabled (Yes/No)- If yes, physical or mental					
Military- (Active, Veteran, or No)					
Employed- (Yes/No) If yes, Full or Part-time					
Health Insurance- (Yes/No) If yes, Private or Subsidized					
Name of Health Insurer					
Highest level of education completed					

SCHUYLKILL COMMUNITY ACTION
225 NORTH CENTRE STREET
POTTSVILLE, PA 17901
570-622-1995

CONSENT FOR RELEASE OF INFORMATION

I _____ hereby

authorize the following:

- _____ (my landlord) to release rent payment and arrears information to Schuylkill Community Action for the specific purpose of determining program eligibility.
- _____ (my employer) to release employment history/pay stubs to Schuylkill Community Action for the specific purpose of determining program eligibility.
- _____ (my utility providers) to release utility bills/ payment and usage history to Schuylkill Community Action for the specific purpose of determining program eligibility.

STATEMENT OF CONFIDENTIALITY

I have been advised that to protect the confidentiality of my records, my agreement to obtain or release information is necessary and that this permission is limited for the purpose and to the persons listed above. I understand that further disclosure is prohibited by State and Federal regulation and that further disclosure of this information cannot be made without the prior written consent of the person to whom it pertains. This consent is valid only for the period (2) years from the date of authorization. I understand that this authorization maybe withdrawn at anytime by my written statement.

DATE

CLIENT SIGNATURE

SCA STAFF

My Income (net-take home)	Amount
My Monthly Income	
Spouse's Monthly Income	
Other Monthly Income(child support, pensions etc.)	
Total Monthly Household Income	\$
My Expenses	Amount
Housing (1st Mortgage or Rent)	
Water	
Sewer	
Gas/Oil	
1/12 th of renter's insurance	
Monthly Electric	
Student Loan(s) & Books	
"minimum" credit card payments (total of all cards)	
Auto Loan(s)	
Personal (unsecured loans)	
Car Insurance	
Pet Costs	
Life Insurance	
Child Care	
Savings and/or Emergency Fund	
Prescription and Out-of-Pocket Medical Expenses	
Telephone (cell) & (Landline)	
Cable	
Garbage/Trash	
Internet	
Food (including eating out)	
Entertainment/streaming	
Other * (i.e. auto gas/transportation etc.)	
Total Expenses	\$
What's Left	Amount
Monthly Income	
Less Monthly Expenses	
Discretionary Income**	\$

List "other" items in detail on 2nd page. Use additional page if necessary.



ERAP 2 Rental Assistance Program Landlord Certification

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. In order to prevent eviction and allow tenants to catch up with rent payments, as a condition of receiving funds, I agree not to evict my tenant for non-payment for 30 days following the last month covered by ERAP payment. (For example, if ERAP covers March, I agree not to pursue eviction for nonpayment until May 1st.) The renter is either in arrears of rent payment and in danger of eviction; or the renter is a new tenant and is requesting funding to gain occupancy at this location:

Address:

(Check below to accept payment or to decline participation in the ERAP program)

- I accept payment for said arrearage or occupancy.
- I decline to participate and will not accept payment.

\$	\$
Monthly Rent	Rental Arrears

Months in Arrears (please list i.e. Nov, Dec) _____

Landlord

Landlord Name (print) _____

Address _____

Email _____

Phone _____ Alt Phone _____

Landlord Signature _____

Tenant

Tenant Name (print) _____

Address _____

Email _____

Phone _____ Alt Phone _____

Tenant Signature _____

Reasonable Rent Statement: Schuylkill Community Action may review rent rates to assure they are reasonable. Unreasonable rates may be denied or flagged for investigation for potential fraud. Schuylkill Community Action can pay up to \$25 in late fees, per month owed, up to a maximum of \$100.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
or								
Employer identification number								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



225 N Centre St.
Pottsville PA 17901
Phone (570) 622-1995

www.schuylkillcommunityaction.com

Zero Income Form

Customer Information

Name: _____

Address: _____

Zero Income Claim

I, _____, state that no adult member of my household has received any income during the past 30 days.

Our household has been without any income since _____

I hope and expect to receive some income on or about _____

How are you meeting these basic expenses?

Food: _____

Housing: _____

Utilities: _____

I understand that not providing any of the above requested information and/or providing false information to Schuylkill Community Action is grounds for denial and dismissal of my application and participation in the rent assistance program.

Signature: _____ Date: _____

Please send this form to:

Schuylkill Community Action
225 North Centre Street
Pottsville, PA 17901
Phone: (570) 622-1995
Fax: (570) 622-0429
RentalHelp@schuylkillcommunityaction.com