SCHUYLKILL COMMUNITY ACTION

200 N 2nd Street
Pottsville PA 17901
Phone (570) 622-1995
www.schuylkillcommunityaction.com

ERAP 2- Reapplication 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
- Goal Progress – Please be prepared to show the progress you've made toward self-sufficiency since your last ERAP assistance.
- Proof of Income for each adult household member (Paystubs past 30 days, SSI/SSDI award letter, proof of child support, etc.) OR Zero Income Form
- Utility Information **including most recent bill** if applying for utility assistance (PPL, Water, Sewer, Trash Bill)

Landlord

- Landlord Certification – (Include which months arrears are owed)

Please return all documents to:

225 N. Centre St. Pottsville PA 17901	200 N. 2nd St. Pottsville PA 17901

Or email them to RentalHelp@schuylkillcommunityaction.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.

☐ Commissions	☐ Money Paid to You for Rent	☐ Support
☐ Dividends	☐ Money Paid to You for Room or Board	☐ Unemployment
☐ Gambling/Lottery	☐ Pensions	☐ Union Pay
☐ Guardian Fees	☐ Self-Employment	☐ Veteran Benefit
☐ Money Earned from Babysitting	☐ Sick Benefits	☐ Wages from Employment
☐ Money for Training	☐ Social Security	☐ Workers Compensation
☐ Money Paid to You for Loans	☐ Supplemental Security Income (SSI)	☐ 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

ERAP 2 Rental Assistance Program
Landlord Certification

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. The renter is at least one month in arrears of rent payment and is 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 _____

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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
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Pottsville, PA 17901
Phone: (570) 622-1995
Fax: (570) 628-1808
rentalhelp@schuylkillcommunityaction.com