

# CARES RENT RELIEF PROGRAM

## LESSEE HOUSEHOLD CERTIFICATION/RENTER APPLICATION

### HOUSEHOLD INFORMATION

Lessee(s) Name: \_\_\_\_\_

Lessee(s) Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Lease Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (if available): \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_

Amount of Late/Missed Rent (rent due before March 1, 2020 is not eligible): \$ \_\_\_\_\_

List month(s) with late/missed rent payments between Mar 1, 2020 and December 30, 2020:

\_\_\_\_\_

The following information is requested by the Federal Government for certain types of programs related to a dwelling in order to monitor compliance with equal credit opportunity, and fair housing. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation.

Do you wish to provide this information? Yes \_\_\_\_ No \_\_\_\_

Sex:  Male  Female

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaska Native  Asian  White

Black or African American  Native Hawaiian or Other Pacific Islander

1. Are monthly rent payments split between more than one lessee?

Yes \_\_\_\_ No \_\_\_\_

2. If yes, how are payments splits between lessees?

Lessee #1 Name: \_\_\_\_\_ Amount of monthly Rent Paid by Lessee #1: \$ \_\_\_\_\_

Lessee #2 Name: \_\_\_\_\_ Amount of monthly Rent Paid by Lessee #2: \$ \_\_\_\_\_

Lessee #3 Name: \_\_\_\_\_ Amount of monthly Rent Paid by Lessee #3: \$ \_\_\_\_\_

Lessee #4 Name: \_\_\_\_\_ Amount of monthly Rent Paid by Lessee #4: \$ \_\_\_\_\_

3. Did you become unemployed after March 1, 2020 as result of the COVID-19 pandemic?

Yes \_\_\_\_ No \_\_\_\_



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4. What was the date of separation from your employer?

\_\_\_\_\_, 2020

5. Have your work hours or wages been reduced as a result of the COVID-19 pandemic?

Yes \_\_\_ No \_\_\_

6. Have you provided documentation for all sources of lessee income?

Yes \_\_\_ No \_\_\_

7. Are you able to provide documentation to verify unemployment with the Department of Labor and Industry's Bureau of Unemployment Compensation?

Yes \_\_\_ No \_\_\_

By signing below, I acknowledge and understand that providing a written false statement which I do not believe to be true to PHFA is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000.

Lessee #1 Name (Print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Lessee #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2020

Lessee #2 Name (Print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Lessee #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2020

Lessee #3 Name (Print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Lessee #3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2020

Lessee #4 Name (Print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Lessee #4 Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2020

### CARES RENT RELIEF PROGRAM ASSISTANCE NOTICE

If approved, lessees benefitting from CARES RRP Assistance funds will be released from any obligation to pay any past due or future rent for the months which CARES assistance funds are being applied. Any displacement of residents or eviction proceedings for other outstanding housing expenses will be waived for at least 60 days from the date rent was due within the last month assistance was provided.