

CARES RENT RELIEF PROGRAM

Lessee Household Certification/Renter Application

REMINDER: ALL CARES RENT RELIEF PROGRAM APPLICATION AND SUPPORTING DOCUMENTS MUST BE SUBMITTED DIRECTLY TO THEIR COUNTY'S DESIGNATED CARES RRP ORGANIZATION. PARTICIPATING ORGANIZATIONS CAN BE FOUND ON THE PHFA WEBSITE AT [HTTPS://WWW.PHFA.ORG/PACARES/](https://www.phfa.org/pacares/).

LANDLORD INFORMATION

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____ Email (if available): _____

RENTER HOUSEHOLD INFORMATION

Lessee(s) Name: _____

Lessee(s) Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____ Email (if available): _____

Lease Effective Dates: _____ to _____

Number of Permanent Household Residents: _____ Monthly Rent Amount: \$ _____

Fill out this table for missed/late rent between March 1, 2020, and December 30, 2020.

Month	Amount Unpaid
March	\$
April	\$
May	\$
June	\$
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$

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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? (If yes, and unmarried, each person can apply separately)

Yes ___ **No** ___

2. Do you have either a written or oral lease agreement with your landlord? (Either will qualify)

Yes ___ **No** ___

3. Have you and/or your landlord provided a lease agreement (written) and included a third-party document that can be used to verify residency for each lessee requesting CARES RRP assistance (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address)? Please include third-party supporting documentation for both written and oral leases.

Yes ___ **No** ___

4. Do you attest that you either have or will continue to occupy that residence for every month which CARES RRP assistance funds are being applied?

Yes ___ **No** ___

5. Is rent split between more than one lessee? If yes, how are payments split 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: \$ _____

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

Yes ___ No ___

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

_____, 2020

8. Have your work hours or wages been reduced by AT LEAST 30% as a result of the COVID-19 pandemic?

Yes ___ No ___

9. Have you provided documentation for all sources of lessee income? (Such as wages, unemployment, child support, etc.)

Yes ___ No ___

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

Yes ___ No ___

11. If approved to receive CARES RRP assistance, do you agree to provide updated income documentation for all sources of income prior to payment of CARES RRP assistance or future rental assistance to the landlord/property owner of your behalf? Updated income documents should be provided to the designated organization within ten (10) days of the first payment of new employment wages.

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

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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 RRP assistance funds are being applied. Any displacement of residents or eviction proceeding 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.