## CARES RENT RELIEF PROGRAM LESSEE HOUSEHOLD CERTIFICATION/RENTER APPLICATION

REMINDER: ALL CARES RENT RELIEF PROGRAM APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE SUBMITTED DIRECTLY TO THE COUNTY'S DESIGNATED CARES RRP ORGANIZATION. PARTICIPATING ORGANIZATIONS CAN BE FOUND ON THE PHFA WEBSITE AT <a href="https://www.phfa.org/pacares/">https://www.phfa.org/pacares/</a>.

LANDLORD INFORMATION

Landlord Nar	me:
Landlord Add	dress:
City, State, Zi	ip:
County:	
Phone Numb	er: Email (if available):
RENTER HOL	JSEHOLD INFORMATION
Lessee(s) Na	me:
Lessee(s) Ad	dress:
City, State, Zi	ip:
County:	
Phone Numb	er: Email (if available):
Lease Effecti	ve Dates: to
Number of Pe	ermanent Household Residents: Monthly Rent Amount: \$
Amount of La	nte/Missed Rent (rent due before March 1, 2020 is not eligible): \$
List month(s)	with late/missed rent payments between March 1, 2020, and December 30, 2020:
in order to mo information, b	information is requested by the Federal Government for certain types of programs related to a dwelling onitor compliance with equal credit opportunity, and fair housing. You are not required to furnish this out are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For y check more than one designation.
Do you wish	to provide this information? Yes $\ \square$ No $\ \square$
Sex:	□ Male □ Female
Ethnicity:	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race:	$\square$ American Indian or Alaska Native $\square$ Asian $\square$ White
	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander



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Yes $\square$ No $\square$	en more than one lessee?
2. Do you have either a written or oral lea	se agreement with your landlord?
Yes □ No □	
be used to verify residency for each lesse	d a lease agreement (written) and included a third-party document that can e requesting CARES RRP assistance (i.e. utility bill, cancelled check with ent residence address)? Please include third-party supporting documentation
Yes □ No □	
4. Do you attest that you either have or wassistance funds are being applied?	ill continue to occupy that residence for every month which CARES RRP
Yes □ No □	
5. Is rent split between more than one les	see? 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: \$
6. Did you become unemployed after Mar Yes □ No □	rch 1, 2020, as result of the COVID-19 pandemic?
7. What was the date of separation from y	our employer?
8. Have your work hours or wages been ro	educed as a result of the COVID-19 pandemic?
9. Have you provided documentation for a	all sources of lessee income?
10. Are you able to provide documentation Bureau of Unemployment Compensation?  Yes □ No □	n to verify unemployment with the Department of Labor and Industry's



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sources of income prior to payment of CARES RRP assistance owner of your behalf? Updated income documents should be days of the first payment of new employment wages.	e of future rental assistance to the landlord/property
Yes □ No □	
By signing below, I acknowledge and understand that providir true to PHFA is a misdemeanor of the third degree and is puni relating to unsworn falsification to authorities, and that in addi convicted under this section shall be sentenced to pay a fine of	shable as perjury under Pennsylvania Title 18, Section 4904 tion to any other penalty that may be imposed, a person
Applicants that do not possess or are not eligible for a social sof a valid Individual Tax Identification Number (ITIN) in lieu of a acceptable for unemployment verification purposes. Lessees to Industry's Bureau of Unemployment Compensation may still be qualifies based on loss of income.	Social Security Number. Submitting an ITIN is not hat cannot be verified by the Department of Labor and
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

**REMINDER**: A complete application consists of all three CARES RRP application documents. Submissions that do not include all three application documents (Landlord Application, Landlord/Property Certification, and Lessee Household

<u>Certification/Renter Application</u>) and all supporting documentation cannot be processed.

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.

