



# Application for Emergency Rental Assistance



For assistance, please contact: [info@lebanoncountyrenthelp.com](mailto:info@lebanoncountyrenthelp.com) or call (717 273-9328).

**Return completed applications to:** Community Action Partnership, 503 Oak Street, Lebanon, PA 17042.

Items marked with \* are required information.

1. Who is applying?\*  Tenant  Landlord (on behalf of the tenant)
2. Please indicate how you identify yourself?\*  American Indian or Alaska Native  Black or African American  
 Native Hawaiian or Other Pacific Islander  Asian  White  I do not wish to answer
3. Are you of Hispanic or Latino descent?\*  Yes  No  I do not wish to answer
4. Please indicate how you identify yourself\*  Male  Female  I do not wish to answer
5. Applicant Name\* (first and last) \_\_\_\_\_
6. Additional Names on the Lease Agreement \_\_\_\_\_  
\_\_\_\_\_
7. Date of Birth\* \_\_\_\_\_
8. I have a Social Security Number\*  Yes SS# \_\_\_\_\_  No
9. Email\* \_\_\_\_\_ Phone\* \_\_\_\_\_
10. Preferred Method of Contact\*  Phone  Email  Both
11. Rental Address\* Street \_\_\_\_\_ Floor, Apt #, Unit #, Room # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
12. Mailing Address (if different) \_\_\_\_\_ Floor, Apt #, Unit #, Room # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## TENANT HOUSEHOLD INFORMATION

13. Head of household\* (first and last name) \_\_\_\_\_
14. Household annual income\* \_\_\_\_\_
15. Number of ADULTS Living in Household\* \_\_\_\_\_
16. Number of CHILDREN (17 and under) living in household\*
17. One or more adult members of my household have been unemployed for at least 90 days since 3/13/2020\*  
 Yes  No

18. Size of rental unit\* (number of bedrooms) \_\_\_\_\_
19. Cost of rent\* (monthly) \_\_\_\_\_
20. Are all utilities included in rent?\*  Yes  No
21. If NO, what utilities are you responsible for? (include company and monthly amount)
- Water \_\_\_\_\_ Oil \_\_\_\_\_
- Trash \_\_\_\_\_ Sewer \_\_\_\_\_
- Electric \_\_\_\_\_ Gas \_\_\_\_\_
- Other \_\_\_\_\_
22. What months are you behind in rent? (month and year) \_\_\_\_\_
- \_\_\_\_\_
23. What months are you behind in utilities? (month and year) \_\_\_\_\_
- \_\_\_\_\_
24. Total amount owed in back rent: \_\_\_\_\_
25. Total amount of past due utilities: \_\_\_\_\_

## LANDLORD INFORMATION

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26. Landlord name\* (first and last) \_\_\_\_\_
27. Landlord phone number\* \_\_\_\_\_ Tax ID or SS# Number \_\_\_\_\_
28. Landlord address\* Street \_\_\_\_\_ Floor, Apt #, Unit #, Room # \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## OTHER NEEDED INFORMATION

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Please include the following documents:

- 2020 Tax return (form 1040) or 30 days of most recent paystubs or unemployment compensation statement.
- Documentation from landlord or utility provider demonstrating arrears owed for each month requesting assistance.
- Proof of residence, if not included in other required documents.
- Copy of identification (government issued photo ID, driver's license, passport, birth certificate, etc.)
- Landlord's W9 Form

29. Please tell us how COVID-19 has impacted you financially that threatens the household's ability to pay the costs of the rental property when due. *You must make at least one selection.*

- Loss of employment     Decrease in income     Increase in utilities     Decrease in employment hours  
 Increase in childcare     Taking care of a sick family member     Other impact (describe below)

If other impact, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

I attest that my household has experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID – 19 that threaten the household's ability to pay the costs of the rental property and/or utility(s) when due and/or are eligible to receive unemployment benefits.

I agree\*

I attest that my household has not received any other rental assistance or utility assistance provided during the same time in which I wish to request funds from the Lebanon County Emergency Rental Assistance Program. If funds are to be found duplicated, I am responsible for paying Lebanon County back the amount they provided.

I agree\*

I attest, subject to penalties provided by law, that all information given within this application is correct, true, and complete to the best of my knowledge.

I agree\*

I understand that my social security number given will be used in the administration of this program.

I agree\*

I give permission to this program, its administrative partners and utilities to share the information contained on this application for the sole purpose of carrying out this program.

I agree\*

I state that the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

I agree\*

## PLEASE PRINT YOUR NAME AND SIGN BELOW:

Print Name: (first and last) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_