



Application for Emergency Rental Assistance



For assistance, please contact: erap@lcha.com or call 717-274-1401, TDD 800-545-1888

Return completed applications to: Lebanon County Housing Authority, 1220 Mifflin Street, Lebanon, PA 17046.

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
3. Please indicate how you identify yourself* Male Female I do not wish to answer
4. Applicant Name* (first and last) _____
5. Additional Names on the Lease Agreement _____

6. Date of Birth* _____
7. I have a Social Security Number* Yes SS# _____ No
8. Email* _____ Phone* _____
9. Preferred Method of Contact* Phone Email Both
10. Rental Address* Street _____ Floor, Apt #, Unit #, Room # _____
City _____ State _____ Zip _____
11. Mailing Address (if different) _____ Floor, Apt #, Unit #, Room # _____
City _____ State _____ Zip _____

TENANT HOUSEHOLD INFORMATION

12. Head of household* (first and last name) _____
13. Household annual income* _____
14. Number of ADULTS Living in Household* _____
15. Number of CHILDREN (17 and under) living in household* _____
16. 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) _____

17. Cost of rent* (monthly) _____

18. Are all utilities included in rent?* Yes No

19. If NO, what utilities are you responsible for? (include company and monthly amount)

Water _____ Oil _____

Trash _____ Sewer _____

Electric _____ Gas _____

Other _____

20. What months are you behind in rent? (month and year) _____

21. What months are you behind in utilities? (month and year) _____

22. Total amount owed in back rent: _____

23. Total amount of past due utilities: _____

LANDLORD INFORMATION

24. Landlord name* (first and last) _____

25. Landlord phone number* _____ Tax ID or SS# Number _____

26. Landlord address* Street _____ Floor, Apt #, Unit #, Room # _____

City: _____ State: _____ Zip: _____

OTHER NEEDED INFORMATION

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

I give permission to this program and its administrative partners 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***

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***

PLEASE PRINT YOUR NAME AND SIGN BELOW:

Print Name: (first and last) _____

Signature: _____ Date: _____