



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 <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: \$ _____

Amount of Late/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:

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. Do you have either a written or oral lease agreement with your landlord?
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: \$ _____

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 as a result of the COVID-19 pandemic? Yes _____ No _____

9. Have you provided documentation for all sources of lessee income? Yes _____ No _____

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

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 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.