CARES RENT RELIEF PROGRAM LESSEE HOUSEHOLD CERTIFICATION/RENTER APPLICATION

This document was updated on Oct. 17, 2020.

LANDLORD INFORMATION

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 Na	me:
	dress:
	/ip:
-	per: Email (if available):
RENTER HO	USEHOLD INFORMATION
Lessee(s) Na	nme:
Lessee(s) Ac	ldress:
City, State, Z	Cip:
County:	
Phone Numl	per: Email (if available):
Lease Effect	ive Dates: to
Number of P	Permanent Household Residents: Monthly Rent Amount: \$
Amount of L	ate/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 minformation,	g information is requested by the Federal Government for certain types of programs related to a dwelling ionitor compliance with equal credit opportunity, and fair housing. You are not required to furnish this but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For my 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:	☐ American Indian or Alaska Native ☐ Asian ☐ 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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11. If approved to receive CARES RRP assistance, do you ag sources of income prior to payment of CARES RRP assistant owner of your behalf? Updated income documents should days of the first payment of new employment wages. Yes □ No □	nce of future rental assist	tance to the landlord/property		
By signing below, I acknowledge and understand that provide true to PHFA is a misdemeanor of the third degree and is pur relating to unsworn falsification to authorities, and that in ad convicted under this section shall be sentenced to pay a fine	nishable as perjury under Idition to any other penalty	Pennsylvania Title 18, Section 4904		
Applicants that do not possess or are not eligible for a social of a valid Individual Tax Identification Number (ITIN) in lieu of acceptable for unemployment verification purposes. Lessees Industry's Bureau of Unemployment Compensation may still qualifies based on loss of income.	f a Social Security Numbers that cannot be verified b	r. Submitting an ITIN is not by the Department of Labor and		
Lessee #1 Name (Print):	ber:			
Lessee #1 Signature:	Date:	_, 2020		
Lessee #2 Name (Print):	Social Security Num	ber:		
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		
REMINDER : A complete application consists of all three CA include all three application documents (Landlord Applicat Certification/Renter Application) and all supporting documents	ion, Landlord/Property C	ertification, and Lessee Household		
CARES RENT RELIEF PROG				
If approved, any displacement of residents or eviction proceedings will be waived for at least 60 days				

from the date rent was due within the last month assistance was provided.

