

Emergency Rental Assistance Program (ERAP) Application

If you have experienced hardship due to COVID-19 and need assistance to pay your RENT, you *MAY* be eligible for ERAP.

To be eligible, you must answer **'yes'** to **all** of the following statements:

- I am a renter household in Hall County.
- I cannot pay my rent because COVID-19 has impacted me negatively.
- Does your household income meet the Program's limits?
- Has someone in your household (1) qualified for unemployment or (2) had a decrease in income or increase in expenses due to COVID-19?
- Is someone in your household at risk for housing instability or homelessness?

Documentation you will need:

- Qualification for Unemployment Insurance as of March 2020 or later
- Lease or rental agreement for the property
- Utility statements



Hall County does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, gender identity, or sexual orientation in the provision of services.

Tenant Documentation Checklist:

Paperwork to have ready (if you have it):

- Identification documentation such as a driver's license, REAL ID, passport, or other government-issued photo identification
- Qualification for Unemployment Insurance, dated March 2020 or later
- Payments from Unemployment Insurance, dated March 2020 or later
- Signed Lease
- Rent Due Notice(s)
- Rent Payment History
- Utility Statements (bills) for heat, electric, water, sewer
- Utility Past Due Notice(s)
- Household Income Information:
 - 2020 Tax Filing (form 1040) for all adults in your household; or
 - 2020 W-2 Earnings Statements from all jobs for all adults; or
 - Notice of eligibility (dated January 1, 2020 or later) for public benefits based on income from programs such as SNAP, food stamps, Women, Infants and Children (WIC), Medicaid, Medicare, Daycare Assistance, Housing Voucher, Section 8 Housing Assistance, and Public Housing
 - Monthly paystubs for all adult household members for all jobs for the last 2 months
 - Bank statements showing all adult household members' income and earnings
 - Other evidence of income for all adult household members

Any households that cannot provide income documentation will be required to explain how monthly obligations for living expenses are paid and sign a certification stating all income has been declared and the facts are true and correct.

Please complete all of the following information. Once you have answered all questions, please sign and date the application and attachments.

If you have questions about any of the requested information or required documentation, please call 1-855-718-4630 for assistance.

APPLICANT INFORMATION:

First Name: Last Name:
 Date of Birth (required): I am a renter

<input checked="" type="checkbox"/>	Race (Check One):
<input type="checkbox"/>	American Indian or Alaska Native (people having origins in any of the original people of North, Central or South America)
<input type="checkbox"/>	Black / African American
<input type="checkbox"/>	Asian (people having origins in the Far East, Southeast Asia, or the Indian subcontinents)
<input type="checkbox"/>	Pacific Islander (people having origins in Hawaii, Guam, Samoa, or other Pacific Islands)
<input type="checkbox"/>	White (people having origins in Europe, Middle East, or North Africa, excluding black racial groups)
<input type="checkbox"/>	Race Not Listed
<input type="checkbox"/>	Unspecified

<input checked="" type="checkbox"/>	Ethnicity (Check One):
<input type="checkbox"/>	No , not of Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
<input type="checkbox"/>	Yes , Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
<input type="checkbox"/>	Unspecified

<input checked="" type="checkbox"/>	Gender: (Check one)	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender Female	<input type="checkbox"/>	Transgender Male
<input type="checkbox"/>	Gender Variant/Non-Conforming	<input type="checkbox"/>	Not Listed
<input type="checkbox"/>	Prefer not to answer		

<input checked="" type="checkbox"/>	Primary Language: (Check one)	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	English	<input type="checkbox"/>	Somali
<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Other (specify):		

Street Address	
Street Address Line 1	<input type="text"/>
Street Address Line 2	<input type="text"/>
City	<input type="text"/> State: Hall County
Zip Code	<input type="text"/>
County	<input type="text"/>

HOUSEHOLD INFORMATION:

How many people live in your house, including all adults and children?

<input checked="" type="checkbox"/>	Work Status: (Check one)	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Employed Full Time	<input type="checkbox"/>	Employed Part Time
<input type="checkbox"/>	Migrant Seasonal Farm Worker	<input type="checkbox"/>	Unemployed: 3 months or less
<input type="checkbox"/>	Unemployed: more than 3 months	<input type="checkbox"/>	Unemployed: not in Labor Force
<input type="checkbox"/>	Retired	<input type="checkbox"/>	Self-Employed
<input type="checkbox"/>	Gig Worker	<input type="checkbox"/>	Student
<input type="checkbox"/>	Child	<input type="checkbox"/>	Unspecified

Contact Information:

Cell Number: (____)_____-_____- Work Number: (____)_____-_____

Check one

My Mailing Address is the same as the property address.

My Mailing Address is:

Address Line 1 _____

Address Line 2 _____

City _____

Zip Code _____

Additional Household Members Information:

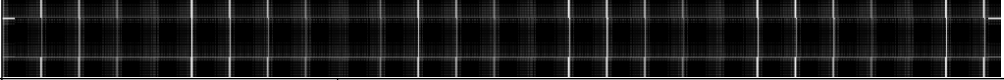
ADULT Household Members	First Name	Last Name	Date of Birth
1			
2			
3			
4			
5			
6			
Child #1 Age	Child #2 Age	Child #3 Age	Child #4 Age

Household Members Income:

ADULT Household Members	First Name	Last Name	Income	Is income Monthly or Annual?
1				
2				
3				

4				
5				
6				

Assistance:

✓	Have you received rental assistance through any other programs?		
No			
Yes	If Yes, Amount:	S	
	If Yes, Program:		

Rental Information:

	Check one	Yes ✓	No ✓
I am a renter.		<input type="checkbox"/>	<input type="checkbox"/>

Landlord Information:

Property Owner Name		
Phone Numbers (cell / work)	C:	W:
Email address		
Business Name		
Mailing Address (line 1)		
Mailing Address (line 2)		
Mailing Address City		
Mailing Address State / Zip		
Contact Person Name		
Phone Numbers (cell / work)	C:	W:
Email Address		

	Check one	Yes ✓	No ✓
I need rental assistance.		<input type="checkbox"/>	<input type="checkbox"/>

My eviction status is: (Check one)

I have received a 3 Day Notice.

I have received a Court Date Notice.

I am not delinquent but am struggling to pay my rent.

I am delinquent but I have not received an eviction notice.

Check one	Yes ✓	No ✓
Do you receive a federal subsidy for rental assistance that can be adjusted due to changes in your income?		

Who pays this bill?
(Household member name)

Month	Original Amount Due	Amount I have paid	Fees Due	Amount Still Due
April 2020				
May 2020				
June 2020				
July 2020				
August 2020				
September 2020				
October 2020				
November 2020				
December 2020				
January 2021				
February 2021				
March 2021				
April 2021				
May 2021				
June 2021				

Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement

The Emergency Rental assistance Program (ERAP) provides emergency assistance with rent related to housing incurred due, directly or indirectly, to the COVID-19 outbreak to eligible renter households in its designated award area. This program is administered by the Hall County Financial Services Department and is funded either directly or indirectly through the U.S. Department of the Treasury as part of Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (Section 501).

ERAP must implement procedures to prevent any Duplication of Benefits (DOB) as required by Section 501. An applicant for ERAP assistance:

- 1) outlines the ERAP assistance requested,
- 2) identifies other duplicative assistance received or anticipated to be received,
- 3) states the ERAP funding request,
- 4) certifies the accuracy of the information, and
- 5) agrees to repay any awarded ERAP assistance that is duplicated.**

I hereby attest that all income included is correct and complete.

If I do not receive rental assistance, I or someone in my household would need to move into an unsafe or unhealthy living environment, like a shared living situation or emergency shelter. By selecting this checkbox, I agree that all the information I have submitted is correct and I have the authority to sign this application.

Signature

Date