



HALL COUNTY, GEORGIA EMERGENCY RENTAL ASSISTANCE GRANT 2.0 PROGRAM GUIDELINES

Administered by:



[Emergency Rental Assistance Program 2.0 Guidelines Revisions History](#)

| Version | Effective Date | Description |
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| Version 1.0 | 08/31/21 | Guidelines for Hall County GA ERAP 2.0 Program |
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Overview

The Emergency Rental Assistance Program 2.0 was established by section 3201 of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 (March 11, 2021). The Act allocated \$21,550,000,000 to the U. S. Department of the Treasury (Treasury) to provide funds directly to states, territories, local governments, and Indian tribes for households that are unable to pay their rent and utilities due to the financial impacts of the COVID-19 pandemic. Hall County, GA received \$4,869,249.70 for the Emergency Rental Assistance Program 2.0.

Emergency Rental Assistance Program 2.0 funding may only be used to provide financial assistance for rent, and housing stability services to eligible households. **All household applicants, landlords, utilities, and home energy service providers** must provide an attestation that all information included in the application for assistance is true, correct, and complete.

These Guidelines outline the Hall County Emergency Rental Assistance Program 2.0 requirements for eligible applicants through guidelines, and the administration requirements through policies and procedures. Guideline users may include potential applicant households, property owners, management agents, Hall County staff, as well as staff or agents of the U.S. Department of the Treasury, including the Office of Inspector General.

Authorization and Source of Funds

The American Rescue Plan Act of 2021, Pub. L. No. 117-2 (March 11, 2021) established the Emergency Rental Assistance Program 2.0. Treasury provided funds directly to states, local governments with populations of 200,000 or greater, and Indian Tribes to aid eligible households that are unable to pay rent and utilities due to the COVID-19 pandemic.

The Code of Federal Domestic Assistance number for the Emergency Rental Assistance funding is 21.027.

Program Guidelines

Program Description

The Emergency Rental Assistance Program 2.0 (ERAP 2.0) provides emergency rental, utility or “other” assistance grants to eligible individuals and households that have been economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, residing in eligible areas of Hall County.

Emergency grants for rental, utilities or “other” payments are made on behalf of an eligible applicant household, for a period of up to eighteen months in total, including any payments made under the Emergency Rental Assistance Program in any combination of past and prospective months, to maintain stable housing and/or to reduce rental payment delinquencies as a result of the economic downturn during the COVID-19 pandemic. “Other” payments are for costs incurred in connection with relocation to a new residence.

Eligible Household

To be eligible, a household, which is one or more individuals that reside in a rental housing unit, must meet all the following requirements:

| Requirement | Criteria |
|--|--|
| 1. Be obligated to pay rent on a residential dwelling | a. Have a valid, signed lease or rental agreement; or b. Provide documentation showing obligation and history of payment prior to COVID-19 outbreak. |
| 2. Have a total household income at or below 80 percent of the Area Median Income (AMI) | a. Household income will be verified to establish eligibility. b. Income limits are set by the U.S. Department of Housing and Urban Development (HUD) and adjusted for household size. c. Household income cannot exceed 80 percent of the AMI for their area. |
| 3. Demonstrate COVID-19 impacts: a) reduced household income, b) financial hardships, or c) risk of experiencing homelessness or housing instability. | a. Provide proof of eligibility for unemployment benefits, such as a determination letter or copy of benefits statement. b. In the event this proof cannot be provided, a self-certification may be deemed appropriate if all other eligibility requirements have been met. a. Provide evidence of financial hardship as a result of COVID-19, for example, hospital bills, death certificate, etc. b. May provide written attestation that one or more members of the household has experienced financial hardships due to COVID-19 in the event that documentation cannot be provided. May demonstrate through eviction notice, past due notice for rent or other reasonable circumstances described by the household. |

For details regarding which individuals to include in a household, please see the “Definition of a Household and Determining Household Size” section below.

Type and Use of Assistance Available

The Act requires that a minimum of 85 percent of the total funds provided to Hall County must be used for rent and other expenses related to housing incurred because of COVID-19. This includes delinquent and prospective payments which were due no earlier than March 13, 2020 and cannot to exceed a total of eighteen months in total, including any payments made under Emergency Rental Assistance Program 1.0. Delinquent rent must be cleared prior to prospective payments, and forward payments for prospective rents are limited to 3 months at one time; additional assistance within the cap requires a new request for assistance that includes a recertification of household income and eligibility.

Funds may only be used for the following costs for households obligated to pay rent or utilities on a residential dwelling for:

- Current month and future rent not to exceed 90 days. Any past due amounts must be covered prior to assistance for current or future costs being approved.
- Past due rents.
- Past due and current utility or home energy costs.
- Other expenses related to housing incurred due to COVID-19, such as relocation expenses if a household has been temporarily or permanently displaced due to the COVID-19 outbreak.

Any past due amounts must be covered prior to assistance for current or future costs being approved. Utility or home energy costs include separately billed or itemized electricity, gas, water and sewer, trash removal and energy costs, such as fuel oil. Telephone, cable, internet, and cell phone costs are not considered utility or home energy costs and are not eligible.

Ineligible Expenses

The Emergency Rental Assistance Program is designed to help renters stay in their homes and to ensure housing stability. The allowed costs are those that are cover the necessities of rent, as well as utilities and home heating costs that are billed or itemized separately from rent. Utilities and home heating costs include services for gas, electricity, water, sewer, and trash removal provided to the rental unit.

Utility and home energy costs do not include telephone, cellular phone, cable, internet, security or other non-heating or sanitation costs; those costs are not eligible.

Period of Assistance

Funds may only be used for rent and other eligible housing costs incurred due to COVID-19 beginning no earlier than March 13, 2020. Hall County must spend all funds awarded by the Treasury by September 30, 2022.

Program Marketing and Outreach

Program marketing and outreach will be critical to program success. Identifying the initiated and conducted by the Hall County ERAP and may include any of the following:

- Public Service Announcement advertisements in media of general circulation,
- Public Service Announcements through social media.
- Public Service Announcements on local radio stations, including those targeted to specific audiences, such as neighborhoods with concentrations of households that are non-English speaking audiences.
- Email blasts to advocacy groups working with low-income populations.
- Include program information inserts in water and/or utility bills.
- Billboards
- Hang fliers in grocery stores, ethnic markets, and distribute informational pamphlets.
- Establish public facing webinars and other social platform “meetings” to provide information to targeted groups.
- Offer aide in filing for assistance options for Limited English Proficient individuals and/or residents with disabilities.
- Landlords of large low-income units.
- WIC (Women, Infants, & Children) offices.
- Include program information links on websites of agencies that provide assistance, such as SNAP or unemployment.
- Domestic violence services providers.
- Homelessness services.

Priority of Assistance

For the first eight weeks of the program or until all priority applications have been reviewed (whichever occurs first), applications will be reviewed, and assistance will be prioritized based on the following:

30% or lower AMI and or Unemployment Priority

1. Households with income that does not exceed 50 percent of the area median income for the household size as determined by the U.S. Department of Housing and Urban Development (HUD); or
2. Households where 1 or more individuals of the household is/are unemployed at the time of application and has/have not been employed for 90 days prior to the application date.

50% or lower AMI and or Unemployment Priority

1. Households with income that does not exceed 50 percent of the area median income for the household size as determined by the U.S. Department of Housing and Urban Development (HUD); or
2. Households where 1 or more individuals of the household is/are unemployed at the time of application and has/have not been employed for 90 days prior to the application date.

All interested applicants are encouraged to apply; the priority of assistance is not intended to discourage or prevent households from applying for the Emergency Rental Assistance.

Program Participation

Eligible applicants are those households, which are made up of one or more individuals, with incomes that do not exceed 80% Area Median Income, living in a rental residential property, and have been financially impacted due to the COVID-19 pandemic.

Property owners/landlords/property management firms must accept the terms of the program in order to participate and to receive the funds for the rental assistance. In order for a landlord/owner/property manager to receive the rent subsidy, the landlord/owner/property manager will be required to comply with federal, state, and local governing law including:

- Verify the address of the rental unit.
- Verify the amount and percentage of monthly rent covered by the assistance.
- Provide the name and address of the landlord.
- Provide a Social Security number, tax identification number or DUNS number.
- Complete an IRS W-9 form; and

In cases where a landlord does not participate in the program, the only way to achieve the statutory purpose is to provide assistance directly to the eligible household. Tenant will be required to provide an attestation to the accuracy of the provided rental information and payment will be made directly to the tenant to be used to pay past due (and prospective if applicable) rent only. Reasonable efforts must be made to a landlord prior to providing assistance directly to households. Outreach will be considered complete if:

1. a request for participation is sent in writing, by mail, to the landlord, and the addressee does not respond to the request within 14 calendar days after mailing;
2. the grantee has made at least three attempts by phone, text, or e-mail over a 5 calendar-day period to request that the landlord participate in the program; or
3. a landlord confirms in writing that the landlord does not wish to participate.

The final outreach attempt or notice to the landlord must be documented. The cost of contacting landlords would be an eligible administrative cost.

Applicant Eligibility Requirements

To qualify for rental assistance, applications must demonstrate each program requirement which must be supported with verifiable documentation. Submission of an application does not guarantee financial assistance.

Eligible households are those households with 1 or more individuals who are obligated to pay rent or utilities on a residential dwelling located within the boundaries of Hall County and meet the following:

- One or more individuals in the household has qualified for unemployment benefits; or
- One or more individuals in the household has experienced a reduction in income, incurred significant costs, or experienced other financial hardship due to COVID-19; or

- One or more individuals in the household can show a risk of becoming homeless or having housing instability based on:
 - A past due notice for rent or utilities, or an eviction notice.
 - Unsafe or unhealthy living conditions; or
 - Any other evidence of homelessness risk; and
- The household's income is no more than 80 percent of the area median income for Hall County as determined by the U.S. Department of Housing and Urban Development (HUD).

A copy of the lease or rental agreement will be required to show the applicant household is obligated to pay rent for the property. If an applicant does not have a copy of a signed lease or rental agreement, documentation of residence may include evidence of paying utilities for the residential unit, a written attestation from the verified owner or management agent of the unit, or other reasonable documentation such as proof of payment of rents prior to the requested assistance. The applicant may provide written attestation if no other method of verification is available.

Applicants will be required to provide a written attestation for all household income, and to provide supporting documentation, such as paystubs, W-2s or other wage statements, tax filings, bank statements demonstrating regular income, or a written attestation from an employer. If the household's income was verified after January 1, 2020 by the administrator of a local, state, or federal assistance program, a certification from that program administrator stating the total household income (determined after January 1, 2020) is at or below 80 percent of the area median income may be accepted.

Documentation Required to Support COVID-19 Financial Hardship

One or more members of the household must have either:

- Qualified for unemployment benefits or
- Experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak.

Documentation will be required to demonstrate that one or more members of the applicant's household either:

- qualified for unemployment benefits or
- experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the Covid-19 outbreak.

If the program is relying on qualification of unemployment benefits for this determination, the Program will rely on relevant documentation regarding the household members qualification for unemployment benefits, or a written attestation signed by the applicant.

If the program is relying on a reduction in income, incurred significant costs, or experienced other financial hardships due, directly, or indirectly, to the COVID-19 outbreak, written attestation will be required, signed by the applicant that one or more members of the household meet this condition. Supporting documentation includes notification of approval for unemployment,

evidence of unemployment payment, notice from an employer of reduced hours, or other supporting documents.

If a household is at risk of experiencing homelessness or housing instability, a written attestation will be required. Documentation demonstrating a risk of experiencing homelessness or housing instability may include:

- A past due rent notice or eviction notice.

Definition of a Household and Determining Household Size

A household includes one or more individuals obligated to pay rent on a residential property. All members living in the residence, regardless of a familial relationship, are to be included in the household size. Children who are subject to a shared-custody agreement and lives in the residence at least 50 percent of the time are to be counted in the household.

Some persons who live in the residence are not to be counted as household members when determining household size or in calculating household income. This includes any members that are foster adults or children, live-in aides, and any children of live-in aides.

If all occupants are not listed on the lease, the applicant will complete the Self Certification of Rental Occupants to include any occupants that are currently living in the residence.

Income Definitions

Applicants may report their income as total household **annual** income from all sources for 2020, or as total household **monthly** income based on a minimum of the 2 months prior to the date of the application.

Annual Income

Annual income means all amounts (whether they are cash payments or not) which:

- Go to or on behalf of any member of the household, or
- Are anticipated to be received during 2020; and
- Are not excluded below.

Sources to be Included in Annual Income

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|---|
| ANNUAL INCOME INCLUDES ANY OF THE FOLLOWING: |
| Full gross amount (the amount before any deductions) of wages, salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services for all household members 18 years or older. |
| The net amount of a business, including a profession . While an allowance for depreciation of assets used in a business may be deducted, based on straight-line depreciation, any withdrawals of cash or assets from the operation of a business must be included in income (unless the withdrawal is reimbursement of cash or assets invested in the operation by the household). |
| Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital <u>indebtedness</u> shall not be used as deductions in |

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| <u>determining net income</u> . An allowance for depreciation is permitted, based on a straight-line depreciation. Any withdrawals of cash or assets from an investment will be included in income (unless the withdrawal is reimbursement of cash or assets invested in the asset, real or personal property by the household). |
| The full amount of Social Security, Department of Veterans Affairs, annuities, insurance policies, retirement funds, pensions, disability or death benefits , and other similar types of payments, including a lump-sum or prospective monthly amounts for the delayed start of a regular payment amount (except any deferred payments). |
| Unemployment and disability compensation, worker's compensation and severance pay (except lump-sum payouts). |
| Temporary Assistance for Needy Families (TANF) program amounts are included in annual income only to the extent such payments (except when the welfare assistance is specifically designed for shelter and utilities). |
| Alimony and child support payments, regular gifts or contributions from organizations or people not living in the rental unit. |
| All regular and/or special pay, and allowances for members of the Armed Forces (except special pay to a household member serving in the Armed Forces who is exposed to hostile fire). |
| Any financial assistance under section 8 programs, private sources, or institutions of higher education in excess of the amounts received for tuition and any other required fees and charges, but not educational loan proceeds. |

Sources to be Excluded from Annual Income

| EXCLUDED FROM HOUSEHOLD INCOME: |
|--|
| - Income from children (including foster children) under the age of 18 years |
| - Earnings above \$480 for each full-time student 18 years old or older (excluding the head of household and spouse) |
| - Payments for the care of foster children |
| - Payments for the care of foster adults (usually persons with disabilities, unrelated to the household members who are unable to live alone) |
| - Lump sums payments for inheritances, insurance payments, capital gains and settlements for personal or property losses |
| - Adoption assistance payments above \$480 per adopted child |
| - Amounts received specifically to reimburse or pay the costs of medical expenses of any household member |
| - Income of a live-in aide |
| - The full amount of student financial assistance, either paid directly to the student or to the educational institution (except as stated above) |
| - Amounts received for participating in HUD training programs |
| - Amounts received by a person with a disability that are set aside for a Plan to Attain Self-Sufficiency (PASS) and not included in the calculations for Supplemental Social Income eligibility |
| - Deferred supplemental security income and Social Security benefits payments that are |

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| received in a lump sum, or in prospective monthly amounts, or any amounts that are deferred and received in a lump sum or in prospective monthly payments |
| - Funds for a participant in other publicly assisted programs specifically to cover out-of-pocket expenses incurred, such as special equipment, clothing, transportation, childcare, etc., and made solely to allow participation in a specific program |
| - Resident service stipends, not to exceed \$200 per month, for performing a service (such as fire patrol, lawn maintenance, resident initiative coordination, or serving on the PHA's governing board) for a PHA or owner on a part time basis, to enhance the quality of life in the development (cannot receive more than one stipend during the same period) |
| - Payments and benefits from participation in state or local employment training programs, and training of a household member as resident management staff (must be received under an employment training program with clearly defined goals and objectives for the period of training) |
| - Temporary, non-recurring or sporadic payments, including gifts |
| - State-agency paid amounts to offset the cost of services and equipment needed to allow a developmentally disabled family member to live at home |
| - Foreign government-paid reparation payments |

Internal Revenue Service (IRS) Adjusted Gross Income

Since households may be made up of individuals who do not file federal income taxes on a single tax return, AGI of all household members must be combined to determine a household's total Adjusted Gross Income.

According to the IRS, Adjusted Gross Income (AGI) is defined as the *gross income* amount minus *adjustments* to income. *Gross income* includes wages, dividends, capital gains, business income, retirement distributions as well as other income. *Adjustments* to income include such items as educator expenses, student loan interest, alimony payments or contributions to a retirement account. Where adjustments are made, the AGI on a tax return may be lower than the gross income; it will never be higher.

Income Eligibility and Determination

One factor of qualification is the household's income, based on the number of members. Applicants have the option to report **annual** household income (from all sources for all household members) for **calendar year 2020**, or total **monthly** income (from all sources for all household members) **at the time of application**.

Income will be the maximum gross household income as based on 80% Area Median Income (AMI) as defined by the U.S. Department of Housing and Urban Development (HUD). The maximum income limits based on household size are listed below.

Income Limits for Number of Persons in Family

| FY 2021 Income Limit Area | Median Family Income Explanation | FY 2021 Income Limit Category | Persons in Family | | | | | | | |
|---------------------------|-------------------------------------|--|-------------------|--------|--------|---------------|--------|--------|--------|--------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Gainesville, GA MSA | \$77,100 | Very Low (50%) Income Limits (\$) Explanation | 26,500 | 30,300 | 34,100 | 37,850 | 40,900 | 43,950 | 46,950 | 50,000 |
| | | Extremely Low Income Limits (\$)* Explanation | 15,900 | 18,200 | 21,960 | 26,500 | 31,040 | 35,580 | 40,120 | 44,660 |
| | | Low (80%) Income Limits (\$) Explanation | 42,350 | 48,400 | 54,450 | 60,500 | 65,350 | 70,200 | 75,050 | 79,900 |

NOTE: Hall County is part of the **Gainesville, GA MSA**, so all information presented here applies to all of the **Gainesville, GA MSA**.

Fiscal Year 2021 Income Limits found under the heading of "Access Individual Median Family Income Areas" of <https://www.huduser.gov/portal/datasets/il.html>

Income Documentation Requirements

All income for all household members must be documented. There are two options for reporting total household income at the time of application:

- The total **annual** household income from all sources for all members for **calendar 2020** year; or
- The total **monthly** household income from all sources for all members **at the time of application**.

In both options, documentation must be provided to support the total household income. That includes:

| Annual Income for 2020 | Monthly Income at the Time of Application |
|--|--|
| W-2 and 1099 Earnings Statements for all jobs (full- or part-time, gig, etc.) for all household members aged 16 and older, for all jobs held in 2020* | Paystubs and any pay notifications for all income earned, including full- or part-time, gig economy, or other jobs for all earners in the household 16 and older, all jobs, covering a minimum 60 consecutive days and within 14 days of the application date. |
| Supplemental Income, including Rental Income, for 2020 (may use Schedule C of 1040) for all household members. | Rental, royalties, partnerships, or other Supplemental Income – quarterly balance sheet and Financial Report within 14 days of application |
| 1099 Statements for Interest, dividends, and other net income from real or personal property. 1099 statements for any interest, dividends or other income earned during 2020 for all household members and all accounts* | Two most recent monthly (or most recent quarterly) asset statements showing interest earned, rental income, etc.; all household members and all accounts and properties within 14 days of application. |
| Unemployment compensation statements, including Federal Pandemic Unemployment Compensation, for all household members that received unemployment in 2020* | Notice of determination from GA Department of Labor for unemployment compensation and evidence of unemployment compensation payments for 60 consecutive days and within 14 days of application. |

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| Retirement, Social Security, Veterans benefits, annuity, pension, disability, or insurance payment statements for any payments that are regular and periodic. | Retirement, Social Security, Veterans benefits, annuity, pension, disability, or insurance payments that are regular and periodic – most recent two monthly (or most recent quarterly) statements dated within 14 days of application. |
| Business income (net) or professional income (net) supported by annual balance sheet and financial statement for 2020. | Business income (net) or professional income (net) supported by balance sheet and financial statements covering a minimum of 60 consecutive days and within 14 days of application. |
| Child support and/or alimony supported by divorce decree and printout from District Attorney, Court, or other agencies. | Child support and/or alimony payments covering 60 days, supported by divorce decree and evidence of payment (bank statement), dated within 14 days of application. |
| Award Letters for public assistance, such as SNAP | Award Letters for public assistance, such as SNAP and evidence of payments for 60 consecutive days within 14 days of application. |
| *All earners 16 or older may sign an IRS-4506-T at application in lieu of providing documents: a copy of the filed 2020 1040 Federal Income Tax Return will be obtained from IRS. | |
| NOTE: Income must be recertified each 90 days for any additional assistance requests | |

Categorical Eligibility

If an applicant’s household income has been verified at being at or below 80 percent of the Area Median Income in connection to a local, state, or federal assistance program (such as SNAP, Section 8, or HOME Tenant Based Rental Assistance), the household may provide a copy of the program income determination made after January 1, 2020 to be used for documentation of the household’s income eligibility.

COVID-19 Impacts

The household must provide evidence of a COVID-19 related economic impact such as loss of job, reduced hours, reduced tips, loss of opportunities such as grants or scholarships due to the higher education institution closing, costs of distance learning or work from home hard- or software, increased child-care, or medical expenses.

The household must provide a certification regarding the impacts and documentation that would be available to support the COVID-19 impact costs.

Landlord Application on Behalf of Household

A landlord/owner/property manager of a rental property may apply for rental assistance on behalf of the tenant. To do so, the landlord/owner/property manager must:

- Obtain the tenant’s signature on the application, which may be documented electronically.
- Provide documentation of the application to the tenant; and
- Use any payments from the application to satisfy the tenant’s rental obligations.

Property Requirements

The property must be a residential dwelling located within the boundaries of Hall County.

Applicants are to provide a copy of the lease, signed by the tenants and landlord. If a lease or rental agreement is not available, the following documentation may be supplied to show the household has been living in and paying rents for the unit:

- Copies of utility bills for the rental unit in the household's name,
- Evidence of rent payments made to the landlord (prior to the period of requested assistance) through copies of checks or receipts of rent paid,
- Bank statements,
- An eviction notice issued to the household,
- Notice of Demand for Payment for rents owed, or
- Other documentation that reasonably established a pattern of paying rent.

If an applicant is not able to provide a copy of the lease or any acceptable documentation listed above showing the household has been paying rent on the unit, they may provide a written attestation. The amount of rent may be limited: see "Fair Market Rent/Small Area Fair Market Rent" section below.

Rental Assistance to Temporarily Displaced Households

The program may provide assistance in the form of payments for a hotel or motel room occupied by a temporarily displaced household as "other expenses related to housing incurred due, directly or indirectly to the COVID-19 outbreak" provided that:

1. The household has been temporarily displaced from its primary residence or does not have a primary household elsewhere;
2. The total months of assistance does not exceed the program cap of 18 months;
3. Documentation of the hotel or motel stay is provided.

The cost of the hotel or motel does not include expenses incidental to the charge for the room.

Length of Residency

ERAP funding is provided to assist households with housing costs they are unable to meet because of COVID-19 impacts. There is no minimum period of tenancy required in the housing unit.

Landlord/Owner Participation

Landlords, owners, or property management firms must certify the following:

- Confirmation that the owner/landlord does not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with this ERAP Grant Agreement.
- Confirmation that the owner/landlord/property manager makes determination of renting to households without regard to actual or perceived sexual orientation, gender identify, or marital status.

- The owner/landlord/property manager certifies they comply with the Violence Against Women Act, as amended.
- Confirmation that Section 504 prohibits discrimination on the basis of handicap under any program or activity receiving or benefitting from federal assistance apply.
- Certification that the owner/landlord/property manager complies with the Age Discrimination Act of 1975 prohibiting discrimination on the basis of age in programs or activities covered with federal assistance.
- Certification that the owner/landlord/property manager complies with the Americans with Disabilities Act of 1990 prohibiting discrimination on the basis of disability under programs, or activities, and services provided or made available by state and local governments or agencies.

Additionally, owners/confirm the following information:

- Household information.
- Property information.
- Terms of the lease, including period of tenancy, rental amounts, whether utilities are included or are billed separately or are the household's responsibility.
- Amount of rent past due and the associated period.
- Amount of rent due and the associated period not to exceed 90 days.
- Amount of utilities past due, if due separately, and the associated period.
- Amount of utilities due, if due separately and the associated period not to exceed.
- Acknowledgement that if the rents and/or separately billed utilities are for current and future rents, that all past due and arrears rent and/or utility costs have been cleared (or will be with the assistance being provided).
- Acknowledgement that any payments received shall satisfy the tenant's rental obligations for the associated periods covered by the assistance.
- Confirm that no other funds have covered the rents and/or utilities for the associated periods.
- W-9 statement.

If an owner/landlord/property manager refuses to participate in the program, then the payment will be made directly to the Tenant and must only be used to pay past due and prospective rent to the landlord. Reasonable outreach efforts must be made to a landlord prior to providing assistance directly to tenants. Outreach will be considered complete if:

1. a request for participation is sent in writing, by mail, to the landlord, and the addressee does not respond to the request within 14 calendar days after mailing;
2. the grantee has made at least three attempts by phone, text, or e-mail over a 5 calendar-day period to request that the landlord participate in the program; or
3. a landlord confirms in writing that the landlord does not wish to participate.

The final outreach attempt or notice to the landlord must be documented. The cost of contacting landlords would be an eligible administrative cost.

Utilities and Home Energy Costs

Utilities and home energy costs are those costs for electricity, gas, water, sewer, trash removal, recycling, and energy costs such as fuel oil are eligible utility and home energy costs that are:

- Separately charged,
- The responsibility of the tenant household, and
- Related to the rental property.

All payments for utilities and home energy costs must be supported by a bill or invoice for the utility or home energy services at the rental unit. Utilities and home energy costs that are paid by the landlord are considered rent and are not eligible for rental assistance to the tenant household.

Telephone, cable, internet, and cell phone costs are not considered utility or home energy costs and are not eligible for Emergency Rental Assistance.

Other Expenses Related to Housing

The Act allows “other expenses related to housing incurred due, directly or indirectly, to the COVID-19 outbreak.” Hall County ERAP has defined these costs as:

- Relocation expenses if a household has been temporarily or permanently displaced due to COVID-19.
- Reasonable security deposit fees if a household has been temporarily or permanently displaced due to COVID-19.

Payment of Funds

The rent will be paid directly to the landlord/owner/property manager. If the landlord/owner/property manager refuses to participate in the program or does not respond in a timely manner, the rental assistance will be paid to the household for them to make the payment to the landlord/owner/property manager.

Utility assistance will be paid directly to the utility provider, unless the utility provider refuses to participate or does not respond in a timely manner, at which time the utility assistance will be paid to the household for them to make the payments to the service provider.

Payment in the Case of Non-Participating Landlord/Utility Provider

In the instance that a landlord/owner/property owner or utility/home energy provider refuses to participate in the program, payment will be made to the eligible household and the funds will be used to cure rent and/or utility and/or home energy obligations.

Duplication of Benefits

A duplication of benefits occurs when a household receives assistance from more than one source for the same purpose, or when the total assistance is greater than the need. Costs for rent

and housing expenses may only be covered with one source. Applicants' must disclose any other assistance from any other sources to cover the rent or housing expenses submitted in the application for Emergency Rental Assistance Program 2.0 will have their award adjusted if any other assistance for the rent or housing costs have been provided.

Application Intake and Submission

A household will go to www.hallcounty.org/RentalAssistance to complete the initial questionnaire portion of the electronic application to assess household eligibility. Once a household has passed the initial online assessment, they will receive a notification to complete the application online. Households and landlords may access the online portals with a smart phone, tablet, or computer. Applicants may begin an application and save it for submission at a later date.

If a household does not have access to the online application portal, or needs assistance in completing the application online, they may receive assistance through the Customer Service Representative or through one of the following community partners:

- United Way of Hall County – (770) 536-1121
- Family Promise – (770) 535-0786 – 3606 McEver Road, Oakwood, GA 30566
- Gainesville Housing Authority – (770) 536-1294 – 750 Pearl Nix Pkwy., Gainesville, GA 30501
- Georgia Legal Services Program – (470)-577-9079
- If a Program Customer Service Representative or a community partner enters a household's application data into the program system, they will act as a proxy for the applicant.

Status of an application will be accessible through the Hall County ERAP portal. If a household (or their proxy) has questions, they may communicate through the program portal, or by calling customer service, or by email.

The Hall County ERAP Portal will:

- Allow applicants to create an account, complete the application, upload required documentation, e-sign documentation, and check the status of their application.
- Validate applications to identify duplicates (which will require investigation).
- Provide secure communications between applicants and the Case Managers.
- Allow landlords to simultaneously create applications by uploading spreadsheet data in a landlord-designated portal.
 - Applications created by landlords will generate a notification to the tenant household to inform them an application has been created on their behalf for rental assistance, along with a link to access the Hall County ERAP portal.
- Integrate landlord applications into tenant applications.
- Allow landlords to complete and upload required information and documentation, including payment details.

If in applicant is unable to access the website, or are not successful in completing the online application, we have partnered with the following nonprofit organizations to provide assistance:

1. United Way of Hall County -
2. Georgia Legal Services Program
3. Family Promise
4. Gainesville Housing Authority

A paper application can be picked up at your local library, community centers and the Hall County Administration Building or at any of the organizations listed above, in English or in Spanish. All applicants must answer all of the questions, sign and date the application. You can bring the signed application to one of the partners for assistance in having the application uploaded to the portal.

All applications will require the following documentation:

Identification. Provide one acceptable form of identification which include:

- United States Employment Authorization Card
- United States Certificate of Naturalization
- Learner's Driving Permit with Photo
- Non-Drivers Identification Card
- Current Driver's License
- State-issued REAL ID Card
- Passport
- United States Permanent Resident Card

Income verification. Provide all that are applicable of the following:

- Letter from employer reflecting a decrease in income
- Unemployment award letter
- Paystubs for the past 60 days for all jobs
- Form 1040/1040A (pages 1 + 2 only)
- W-2's from all jobs
- Bank Statements reflecting a reduction in salary (need past showing higher wages and current showing reduction)
- Self-employment income profit and loss and balance statements
- Payment notifications from any gig economy jobs (UBER, Lyft, Mary Kay, etc.)
- Social Security award letter
- Retirement payment notification
- Other regular income statements

Rental Assistance information.

- Copy of lease, all pages and signed
- Notice of past due rent
- Eviction notice
- Contact information for your landlord (name, address, email, and phone)
- Amount of rents due (past due, current, and forward for up to 3 months)

Process for Accepting Applications/Priority of Application Processing

Beginning October 3, 2021 applications for households meeting the **50% or less AMI or Unemployed Priority** will be processed for a period of time not to exceed eight(8) weeks. If funds remain, applications for the **50% or more AMI COVID-19 Impacted** applications will be processed.

Due to the volume of applications, only completed applications will be reviewed. Completed applications will be reviewed on a first come/first served basis. Funds will only be awarded to complete applications; funds will not be held or set aside for incomplete applications.

Requests to applicants for clarification, documentation, or other needed information must be returned within 5 business days; failure to provide the needed information or documentation within the 5 business days will result in the application being terminated due to non-action and the application being incomplete.

Rental assistance will only be provided if the landlord participates in the program. Grantees should make reasonable efforts to obtain the cooperation of landlords to accept payments from the ERA program. Outreach will be considered complete if:

1. a request for participation is sent in writing, by mail, to the landlord, and the addressee does not respond to the request within 14 calendar days after mailing and,
2. the grantee has made at least three attempts by phone, text, or e-mail over a 5 calendar-day period to request the landlord complete an application: or,
3. a landlord confirms in writing that the landlord does not wish to participate. The final outreach attempt or notice to the landlord must be documented. The cost of contacting landlords would be an eligible administrative cost.

Verification of Application Information and Documentation

Information submitted in the application will be validated using several methods, including utilizing data analytics and fraud detection solutions, as well as reviewing and analyzing the documentation submitted.

Fair Market Rent / Small Area Fair Market Rent

The U.S. Department of Housing and Urban Development (HUD) annually estimates Fair Market Rents (FMR) for Office of Management and Budget (OMB) defined metropolitan areas, some HUD defined subdivisions of OMB metropolitan areas and each nonmetropolitan county. The FMRs are used to determine payment standard amounts for rental units subsidized by HUD programs.

Small Area Fair Market Rents (SAFMRs) are FMRs calculated for ZIP Codes within Metropolitan Areas and are required to be used to set Section 8 Housing Choice Voucher payment standards in areas designated by HUD.

The FMR or SAFMRs will be used to determine the maximum monthly amount of rental assistance to be provided if a family is not able to provide a copy of a signed lease/rental agreement or satisfactory documentation to show the amount of rent paid for the unit.

FMRs can be found at: <https://www.huduser.gov/portal/datasets/fmr.html>

SAFMRs can be found at: <https://www.huduser.gov/portal/datasets/fmr/smallarea/index.html>

Determination of Assistance Award Amount

Once all required information and documentation has been received from the applicant, landlord and other sources, and the review processes have been completed, the application request will be assessed for compliance to the program criteria and a determination for award will be completed. Results of the determination include fully approved, approved with modifications, or denial.

Upon completion of all eligibility criteria review processes, the amount of assistance will be calculated. The total amount requested will be adjusted, if necessary, based on the verified total rents, utilities, and/or housing costs outstanding. This total amount will be reduced by any other program or assistance for the same costs. The final award amount will be recorded as the maximum grant to be provided to the household.

Applicants and Landlords will be notified of the determination results via email. Approved applications, both those requests that are fully awarded and awarded with modifications (typically a reduction in assistance) will move to the Grant Agreement process.

Applicants that receive a denial decision will be notified via email.

Applicants that receive either a modified award or a denial may appeal their decision, if documentation supporting the eligibility of the request is available.

Status and Termination

During the process, applicants will have the ability to check the status of their applications:

- www.hallcounty.org/RentalAssistance, or
- 1-855-718-4630

Applicants may withdraw their application at any time prior to payment being made to a landlord energy provider.

Appeals Process

Program participants will be notified of their award and will be required to sign a Grant Agreement. If an applicant is denied assistance, a written denial letter will be sent to the applicant listing the reason(s) for denial.

Once applicants have received the determination notice of the approval or denial of their request for assistance, applicants may appeal the following decisions:

- Eligibility determination (criteria for household size, income, or property standards).
- Amount of assistance to be provided (amount due, amount of assistance received, and/or period of assistance), including zero assistance: and/or
- Additional assistance needed to ensure housing stability determination.

All appeals are to be reviewed and resolved by the Appeals Committee with assistance from the Case Management Supervisor. The actual appeal will be prepared by the Case Manager based on information and evidence provided by the applicant. ERAP applicants or participants may request an appeal of a decision **within 14 days of the determination notice** from the ERAP Case Management System.

The appeal must be submitted in writing via the link, email or regular mail and must include supporting documentation. The decision of the Appeals Committee will be provided to the applicant in writing and the application will be processed through to approval or denial.

Applicants may only appeal once; decisions made by the Appeals Committee will be final.

It is important to understand that the criteria for eligibility, the amount of assistance, or the eligibility of costs will not be waived or modified; appeals must support how the applicant household meets these criteria and program requirements.

All appeals will follow the process outlined in the Procedures section to ensure fairness and equitable considerations and decisions. Appeals will be reviewed and resolved by the Appeals Committee with assistance from the Case Management Supervisor. ERAP applicants or participants may request an appeal of a decision within 14 days of a notice from the ERAP Case Manager.

If an applicant is successful in their appeal, their ability to receive assistance will depend on whether ERAP funds are available on the date of the appeal decision. A successful appeal does not guarantee receipt of assistance.

Fair Housing

Hall County is committed to ensuring all individuals of similar income levels equal access to the Hall County ERAP programs, regardless of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, familial status, gender identity or sexual orientation.

Hall County's fair housing policy incorporates the requirements of the Fair Housing Act, Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendment Act of 1988 (Fair Housing Act), as well as the State of Georgia's fair housing requirements as described in the Georgia Fair Housing Act. Housing providers should ensure that admissions, occupancy, marketing, and operating procedures comply with non-discrimination requirements.

In part, the Fair Housing Act makes it unlawful, because of protected class status, to:

- Discriminate in the selection/acceptance of applicants in the rental of housing units.
- Discriminate in terms, conditions, or privileges of the rental of a dwelling unit or services or facilities.
- Engage in any conduct relating to the provision of housing that otherwise makes unavailable or denies the rental of a dwelling unit.
- Make, print, or publish (or cause to make, print or publish) notices, statements or advertisements that indicate preferences or limitations based on protected class status.
- Represent a dwelling is not available when in fact it is available.
- Deny access to, or membership or participation in, associations or other service organizations or facilities relating to the business of renting a dwelling or discriminate in the terms or conditions of membership or participation; or
- Engage in harassment or quid pro quo negotiations related to the rental of a dwelling unit.

Hall County has a commitment to fair housing for individuals with disabilities by promoting the accessibility requirements set out in the Fair Housing Act, which establish design and construction mandates for covered multifamily dwellings and requires housing providers to make reasonable accommodations and to allow persons with disabilities to make reasonable modifications.

As a condition of the ERA program funding through Hall County, housing providers are not permitted to refuse to lease a unit to, or discriminate against, a prospective resident solely because the prospective resident has a Housing Choice Voucher or other form of tenant-based rental assistance.

Language Access

All applications, marketing electronic interface, and printed materials will be translated into English and Spanish. Application intake services are also available in these languages. Applicants needing an alternative language may request assistance by contacting the Hall County Compliance Specialist, at 770-531-6952. Please make request 1 week in advance of need.

Confidentiality

The Hall County ERAP has established policies and procedures to protect the privacy of individuals and households, including measures to ensure that any personally identifiable information of individuals is collected and used only for the purpose of validating identities and eligibility and for the purpose of submitting reports as required in the Consolidated Appropriations Act, 2021.

Hall County ERAP has confidentiality protections in place to hold all data and information gathered from and about individuals and applicant household members who are survivors of intimate partner violence, sexual assault, or stalking.

U. S. Treasury required reporting includes the number of eligible households that receive assistance; the rate of acceptance for assistance; type of assistance provided to each household; the average amount of funding provided per eligible household receiving assistance; the income levels broken out at levels of 1) up to 30% AMI, 2) between 30% and 50% AMI, and 3) between 50% and 80% AMI; and the average number of payments (for rent or utilities) covered by the assistance a household receives.

Disaggregated information relating to households assisted will also be required to be reported, which includes gender, race, and the ethnicity of the individual household member applying for assistance.

It is important to note that the U.S. Department of the Treasury's Secretary may require full and unredacted information, including personally identifiable information, for statistical research purposes and may collect and make available information collected at the census tract level.

Information regarding ERAP applicants, participants, or former participants, including the fact that they are/were or are not/were not connected to the program may not be given to any individual or public or private organization except:

- Participating ERAP agencies or organizations with an executed Subrecipient Agreement, Contract or Memorandum of Understanding with the Hall County ERAP and in accordance with the Release of Information signed by each ERAP applicant as part of their application.
- Other individuals or agencies when the ERAP applicant/participant/former applicant has signed a specific, time-limited authorization for information to be released.

The Confidentiality procedures include and are applicable to printed documents, written materials, information provided through the www.hallcounty.org/RentalAssistance portal, text messages, chat platforms, and oral communication via telephone, electronic meetings such as Zoom, WebEx, GoToMeetings, Teams, etc., or in person.

- In order to protect confidentiality, electronic files are password protected and Hall County keeps all paper copy documentation, including correspondence, applications, grant agreements or other information regarding the ERAP participants in a locked file cabinet.

Each grantee is required to (1) establish data privacy and security requirements with appropriate measures to ensure the protection of the privacy of the individuals and households, (2) provide that the information collected, including any personally identifiable information, is collected and used only for submitting reports to the federal government, and (3) provide confidentiality protections for data collected about any individuals who are survivors of intimate partner violence, sexual assault or stalking.

Recordkeeping and Data Collection

Hall County ERAP shall keep records of applications, decisions made, and assistance provided to participants using the recordkeeping system Financial Plus.

Information regarding applicants, their status, decisions regarding assistance, amounts of assistance including the type (rent, utilities, etc.), the periods of assistance, and total awards amounts, as well as information regarding those applicants that were not assisted due to withdrawal, termination for non-action, or denial will be maintained.

ERAP records may include but are not limited to the following:

- General ledger and subsidiary ledgers used to account for
 - (a) the receipt of Consolidated Act, 2021 payments and
 - (b) the disbursements from such payments to meet eligible expenses related to the Emergency Rental Assistance Program 2.0 and the public health emergency due to COVID-19.
- Budget records for 2020, 2021 and 2022 if ERAP payments occurred past December 31, 2021.
- Payroll, time records, human resource records to support costs incurred for payroll expenses related to administering the ERAP.
- Receipts of all costs related to marketing, administering, implementing, and closing out the ERAP.

- Contracts and subcontracts entered into using Consolidated Act, 2021 payments and all documents related to such contracts.
- Grant agreements and grant subaward agreements entered into using Consolidated Act, 2021 payments and all documents related to such awards.
- All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients.
- All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards.
- All internal and external email/electronic communications related to use of Consolidated Act, 2021 payments.
- All investigative files and inquiry reports involving Consolidated Act, 2021 payments; and
- All correspondence related to applications, program design and implementation, reporting, or any other program related items.

All records associated with the ERAP shall be maintained for a period of five (5) years after final payment is made using Consolidated Act, 2021 funds. These record retention requirements are applicable to all U. S. Treasury recipients, their grantees and subgrant recipients, contractors, and other levels of government that received Consolidated Act, 2021 payments from U. S. Treasury recipients.

Conflicts of Interest

A conflict of interest occurs when a person is in a position to receive personal benefit from actions they take or decisions they make in their official capacity. A conflict of interest may be either an actual conflict or may be a perceived conflict of interest. It is possible for a potential or perceived conflict of interest to exist even if no unethical, improper, or illegal act results from the conflict.

An individual may have a conflict of interest in any situation where one's judgment, actions, or non-action could be interpreted to be influenced by something that would benefit them directly or through indirect gain to a friend, relative, acquaintance or business or organization with which they are involved.

The rule is that no persons described below who exercise decision making, have exercised responsibilities with respect with the ERA program, or who are in a position to participate in decision-making may obtain a financial interest or benefit, or have a financial interest in any contract, subcontract, or agreement with respect with the ERA program, either for themselves or with those with whom they have business or immediate family ties during their tenure.

Conflict of interest requirements apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of Hall County or any designated public agency, or subrecipients that are receive funds under the ERA program.

Any potential or actual conflicts of interest may be reported immediately to the Hall County Grants Division of the Financial Services Department.

Fraud

Fraud is an illegal act of intentional deception or misrepresentation used to benefit oneself or others. Fraud includes but is not limited to false representations of material fact, false or misleading statements, or the concealment of something that should have been disclosed, which deceives and is intended to deceive.

Fraud and abuse of the ERAP funds may be the result of:

- Unauthorized access to sensitive information.
- Filing false applications or claims.
- Providing false statements to obtain assistance funds.
- Diversion of benefit proceeds.
- Forgery.
- Promised services not delivered, and/or
- Misuse and mismanagement of the funds.

Data must be analyzed to reveal trends, relationships, and correlations between the data that can identify ongoing fraud and abuse of funds.

Any person or entity (including its employees and affiliates) that enters into an agreement with the Hall County ERAP that witnesses, discovers evidence of, receives a report from another source, or has other reasonable basis to suspect that fraud, misuse of funds or embezzlement has occurred must immediately make a report through the following channels:

- Van Stephens, vstephens@hallcounty.org or call 770-535-8288
- The Treasury Office of Inspector General hotline at 800-359-3898

An individual filing a complaint may request the complaint to be handled confidentially if they believe disclosing their identity may create a hardship or place them in danger. If confidentiality is elected, it is suggested but not required to provide as much contact information as they are comfortable if additional details are needed. Filing an anonymous complaint may limit the ability of conducting a complete investigation.

Sample Documents

Release of information

Tenant certification

Grant Agreement

VAWA

Landlord certifications

Written attestations

- Certification of Landlord/Tenant Relationship

- Certification of No Income

- Certification of Risk of Homelessness or Housing Instability

- Certification of Unemployment

- Certification of Income

- Certification of Occupants



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0 CONSENT/DISCLAIMER FOR RELEASE OF INFORMATION

I do hereby consent to, and authorize, Hall County Emergency Rental Assistance Program 2.0 (including its partners, affiliates, agents and contractors), to request, review and/or share any and all information received with respect to my application for the Program (“Nonpublic Personal Information” or “NPI”), whether provided by me or by third parties with whom I may or may not have a relationship, as needed to determine my eligibility for the Program and otherwise process the amount of assistance under the Program.

Upon approval of my application, I further authorize the release and sharing of information between Hall County Emergency Rental Assistance Program 2.0, the funding agency, and the landlord. I understand the information shared will be necessary and appropriate for administering the financial assistance under the Hall County Emergency Rental Assistance Program 2.0 and for coordinating and verifying services on my behalf.

I understand and acknowledge that the Hall County Emergency Rental Assistance Program 2.0 (including its partners, affiliates, agents and contractors) may obtain, use and disclose any NPI it receives with certain third parties (including certain financial institutions, insurers, other government agencies and credit bureaus) in connection with its processing of my application and determination of eligibility for assistance under the Program.

I agree to hold the Hall County Emergency Rental Assistance Program 2.0 and its agents, partners, affiliates and contractors harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to any disclosure of my NPI.

I understand that I may revoke or terminate this consent and release at any time by giving written notice to the Hall County Emergency Rental Assistance Program 2.0. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program. By completing and submitting this application, I acknowledge and agree to the above.

I authorize the release of information to verify or validate my eligibility for the application of assistance requested, whether during the processing of my request or after the determination of acceptance has been made, and for quality control or audit.

I understand any information shared about my application, as well as any documentation or information associated with my application, will remain confidential and will only be used for the purposes described above.

I understand in submitting this application I am not guaranteed financial assistance from the Emergency Rental Assistance Program 2.0. In addition, my signature below acknowledges my understanding and consent to the release of information as described above.

I understand that this consent will terminate two years after receipt of assistance from the program. If my application is selected for quality control or audit, I agree to provide information and documentation about the terms of my lease to a representative of ERAP through means such as text messages, phone, or email for the purposes of evaluation.

I understand that in order for the Hall County Emergency Rental Assistance Program 2.0 to continuously improve its services and understand the effectiveness of the Emergency Rental Assistance Program 2.0, they may follow up after services have been provided.

I certify and hereby declare under penalty of perjury that the information provided in this application is true and accurate to the best of my knowledge. I understand that if I provide any false information or misrepresentation during the application process that it will be grounds for denying my application to the ERAP and that willfully and knowingly making a false or fraudulent statement on this application is a felony that may be punishable by jail time and/or a fine. I also understand that the information provided in the application, both information and documentation, is subject to verification by the Hall County Emergency Rental Assistance Program 2.0 and the United States Department of the Treasury at any time.

Name: _____

Phone number: _____

Date: _____



**HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0
ELIGIBILITY CERTIFICATION FORM**

Applicant Name: _____ **(pull from application)**

Property Address: Street address, Unit number: **(pull from application)**

City, County, State, ZIP: **(pull from application)**

In connection with my application (Application) to the Hall County Emergency Rental Assistance Program 2.0 (the Program), I (the Applicant) hereby certify that:

That the information provided in this application is true and correct and complete as of the date of submission and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; and that such information has [check as applicable]: **(PLEASE SELECT ONE BOX)**

- not changed since it was submitted; or
- changed only as described in the statement attached to this certification [attach statement].
- I, along with the household members identified in my application, are tenants at the above Property Address, as a County resident, located in Hall County and occupied the home as our primary residence.

That the assistance requested pursuant to this application (the "Assistance") is and will be for my primary residence of the property described in this application, that the property will not be used for any illegal or prohibited purpose or use.

That all statements made in this application are made for the purpose of obtaining rental and/or housing related expense assistance.

That the Hall County Emergency Rental Assistance Program 2.0 is authorized to make all the inquiries it deems necessary to verify the accuracy of the information contained herein.

That I certify that I was financially impacted by the COVID-19 pandemic and was either laid off, furloughed, had a reduction in work hours, or experienced extreme financial hardship on or after March 1, 2020, as result of the COVID-19 pandemic.

That I do hereby certify and represent that all of the information I gave and all of the documentation I uploaded with the Hall County Emergency Rental Assistance Program 2.0 application is true to the best of my knowledge and I understand that the Hall County Emergency Rental Assistance Program 2.0 is relying on the information I gave to grant housing assistance in the form of rental payments assistance.

That I also certify that I have disclosed to the Hall County Emergency Rental Assistance Program 2.0 in the application, all funds I have received before this date, or funds I have applied for and might receive in the future, from governmental and/or non-profit agencies as rental assistance since March 1, 2020, or within one year of the date of this agreement. I certify that the funds requested in this Application were not reimbursed by any other federal program. I also agree to repay any assistance I receive in the future that represents payment for the same period of time and for the same purpose as the Hall County Emergency Rental Assistance Program 2.0 funds for three years after the receipt of the rental payments' assistance funds awarded by the Hall County Emergency Rental Assistance Program 2.0.

That the Hall County Emergency Rental Assistance Program 2.0 and its grantees, contractors or consultants may continuously rely on the information contained in the application, as a material

representation in deciding whether to award any grant, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to receiving Assistance.

That I understand that the submitted Application and any attachments are subject to disclosure under State of Georgia public records law subject to limited applicable exemptions. I also acknowledge, understand, and agree that, except as noted below, all information in my application and attachments will be disclosed, without any notice to me, if a public records request is made for such information, and Hall County will not be liable to me as Applicant for such disclosure.

That if I as the Applicant believe that information in my Application, including attachments, contains information that is confidential and exempt from disclosure, I must include a general description of the information and provide a reference to the Georgia statute or other law which exempts such designated information from disclosure in the event of a public records request. Hall County does not warrant or guarantee that information designated by an applicant as exempt from disclosure is in fact exempt, and if Hall County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

That I agree that in the event funds are provided pursuant to this Application, Hall County, the Georgia Division of Emergency Management, the Georgia State Auditor (or their designee), and the United States Department of the Treasury's Office of Inspector General shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. I understand that any records must be made available upon request and that I should keep sufficient records.

That I certify that if any funds are received pursuant to this Application, I understand that I shall bear full responsibility for any and all tax consequences of received funds.

That my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable, and valid as if a paper version of this application were delivered containing my original written signature.

Under penalties of perjury, I declare that I have read this Emergency Rental Assistance Program 2.0 Eligibility Certification and that the facts stated in it, as well as the facts stated in the Application for assistance are true and correct. I understand that knowingly making a false written declaration may be charged as a felony of the third degree. I do hereby acknowledge that I may be prosecuted by Federal, State, or local authorities and/or that repayment of all Hall County Emergency Rental Assistance Program 2.0 funds may be required if I make or file false, misleading, or incomplete statements and/or documents.

Applicant Name

Applicant Signature

Date



RENTAL ASSISTANCE PROGRAM GRANT AGREEMENT

Purpose: The Consolidated Appropriations Act, 2021, (Act), passed on December 21, 2020, provides funding to the U. S. Department of the Treasury (Treasury) under section 501(a) Division N of the Act and The Emergency Rental Assistance Program 2.0 was established by section 3201 of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 (March 11, 2021) both to provide funding to local governments for the Emergency Rental Assistance Program (ERAP) and the Emergency Rental Assistance Program 2.0,(ERAP 2.0) which provides financial assistance to eligible households for:

1. Rent,
2. Rental arrearages,
3. Utilities, (in ERAP 2.0)
4. Utility arrearages (in ERAP 2.0)
5. Other expenses related to housing incurred due, directly, or indirectly, to the novel coronavirus disease (COVID-19).

Applicability: Hall County, Georgia, as a Treasury recipient, established the Emergency Rental Assistance Program and the Emergency Rental Assistance Program 2.0 (ERAP and ERAP 2.0) to provide financial assistance for rent and other expenses related to rental housing incurred due to COVID-19 for eligible households.

Term: Hall County's ERAP and ERAP 2.0 provides financial assistance for rent, rent arrearages, utilities, utility arrearages or other housing expenses for a maximum of 15 months for ERAP and up to a total of 18 months for ERAP and ERAP 2.0 beginning no earlier than March 13, 2020. At any time an extension of an additional 3 months may be available only if necessary, to ensure housing stability and is subject to availability of funds within the 18 month cap.

The term of this ERAP Grant Agreement, which begins _____, (date) will terminate upon the earliest of:

1. The end of the time period covered in the Details of Assistance below; or
2. The date upon which the Lease expires or is terminated; or
3. The date this ERAP and ERAP 2.0 Grant Agreement is terminated by the Hall County Emergency Rental Assistance Program and the Emergency Rental Assistance Program 2.0 as result of default of the Tenant; and
4. The terms of this ERAP and ERAP 2.0 Grant Agreement may not extend beyond December 31, 2021 for ERAP and September 30, 2022 for ERAP 2.0.

Assistance: The total amount of assistance to be provided to _____ (Tenant Applicant) is detailed in the Details of Assistance below.

Rental Assistance Payment

“Rent” is the total monthly regular payment due each month to the owner/landlord for the use of a residential dwelling property. Prospective rent, or rents not yet due, may not exceed three (3) months beyond the date of the award, and may not exceed the maximum number of months of rental assistance allowed. Prospective rents may not be provided unless assistance has been provided to reduce the eligible household’s rental arrearages.

Rental Arrearages

“Rental arrearages” are the amounts of rent obligated by the lease agreement of a residential dwelling that are due but have not been paid at the time of the application for assistance.

Utilities and Home Energy Costs

“Utilities” are the regular charges due for the use of electricity, gas, and/or heating oil necessary to heat and cool the dwelling, provide lights, and fuel cooking; water; sewer; trash collection and other services necessary to provide a safe and sanitary living space.

Utilities and Home Energy Costs Arrearages

“Utilities and home energy costs arrearages” are the amounts of utilities and home energy costs for a residential dwelling that are due but have not been paid at the time of the application for assistance.

Other Expenses Related to Housing Incurred Due, Either Directly or Indirectly, to COVID-19

“Other expenses related to housing.”

Tenant Certifications and Representations:

I _____ (Tenant Applicant) do hereby certify that:

1. I am authorized to submit this Application to request fund payments from Hall County (“County”) for federal funds appropriated pursuant to the CARES Act, the Consolidated Act 2021, and the Emergency Rental Assistance Program 2.0.

2. I have truthfully and fully disclosed all information required by the program in the application for assistance.
3. I have disclosed all household members and all of their income.
4. I have made no false or misleading statements in order to secure approval of my application for assistance.
5. [redacted] (rental property address) is my primary place of residence; and
6. I agree that the Hall County, the Hall County Auditor (or their designee), and the Treasury's Office of Inspector General shall be entitled to access, review, and audit any records necessary to prevent fraud and/or ensure compliance with federal requirements.
7. I understand that any records must be made available upon request; and
8. No one in the household has received and will not receive any payments or other assistance from a federal agency or any other public or private source for rental costs for the periods covered by this ERAP Grant Agreement or within one year of the date of this agreement other than those disclosed by me in the application for assistance; and
9. [redacted] (rental property address) has not and will not be sublet, and I have disclosed all persons that have been or will be allowed to occupy the property as part of the household; and
10. I, as well as any and all household members, do not own or have any interest in [redacted] (rental property address) other than the rights to occupy the dwelling as my/our residence as described in the lease.
11. I have received a copy of the Notice of Occupancy Rights under the Violence Against Women Act (VAWA); and
12. As stated in the Application for assistance and as of the date of this EARP Grant Agreement, the total household occupying the unit includes the following members:

| Name (First, M., Last) | Minor/ Under 18 |
|---|--------------------|
| [pull this information from the system] | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Details of Assistance:

| | |
|--|-----------------|
| | 2020 Assistance |
|--|-----------------|

| Description | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Rental Assistance | | | \$ | | | | | | | | | |
| Utility Assistance | | | \$ | | | | | | | | | |
| Other | | | | | | | | | | | | |
| 2021 Assistance | | | | | | | | | | | | |
| Description | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Rental Assistance | | | | | | | | | | | | |
| Utility Assistance | | | | | | | | | | | | |
| Other | | | | | | | | | | | | |
| TOTAL ASSISTANCE | \$ | | | | | | | | | | | |

| | |
|---|-----------------------------|
| Under penalties of perjury, I declare that I have read this ERAP and ERAP 2.0 Grant Agreement and that the facts stated in it, as well as the facts stated in the Application for assistance are true and correct. I understand that knowingly making a false written declaration may be charged as a felony of the third degree. | |
| [fill in name] | Applicant Signature: |
| Date | |
| | |
| Accepted by: | |
| [fill in jurisdiction name] | [fill in position] |
| Date: | |

EMERGENCY RENTAL ASSISTANCE PROGRAMS^[1] NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT^[2]

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.^[3] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees the Emergency Rental Assistance Program 2.0 in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic

violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under the Emergency Rental Assistance Program or the Emergency Rental Assistance Program 2.0, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Emergency Rental Assistance Program or the Emergency Rental Assistance Program 2.0, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Federal Rental Assistance Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Housing Provider (HP) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA or find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer, you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted, and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted, and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violation of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Erin Wright, DCA Legal Consultant,

404-679-0596 or U.S. Department of Housing and Urban Development, Atlanta Office, 404-331-5001.

For Additional Information

You may view a copy of HUD's final VAWA rule at [Federal Register :: Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs: Correction](#)

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Erin Wright, DCA Legal Consultant, 404-679-0596.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact:

Gateway Domestic Violence Center: <https://www.gatewaydvcenter.org/> (770) 536-5860
LiveSAFE Domestic Violence Hotline: 770-427-3390
Georgia Domestic Violence Hotline (24 hours): 1-800-334-2836
Battered Women's Shelters: 404-873-1766

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>

For help regarding sexual assault, you may contact:

Rape Crisis Center at 404-616-4861
Rape Response, Inc. <https://www.raperesponse.com/> (770) 503-7273

Victims of stalking seeking help may contact:

Gateway Domestic Violence Center: <https://www.gatewaydvcenter.org/> (770) 536-5860
For a Temporary Restraining Order: 770-531-7153

Attachment: Certification form HUD-5382

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING
AND ALTERNATE DOCUMENTATION**

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking. In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not

to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed):

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control

- ^[1] The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.
- ^[2] Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.
- ^[3] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



HALL COUNTY
EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0
LANDLORD CERTIFICATION

Prohibition of Discrimination: In accordance with applicable equal opportunity statutes, Executive Orders, and regulations:

- a. The owner/landlord/property manager must not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with the Hall County Emergency Rental Assistance Program 2.0 (ERAP 2.0) Grant

- Agreement. Eligibility for the ERAP 2.0 Program is made without regard to actual or perceived sexual orientation, gender identity, or marital status; and
- b. The owner/landlord/property manager must comply with the Violence Against Women Act, as amended, (attached hereto and made a part hereof), and
 - c. Section 504 prohibiting discrimination on the basis of handicap under any program or activity receiving or benefitting from federal assistance applies, and
 - d. Age Discrimination Act of 1975 prohibiting discrimination on the basis of age in programs or activities receiving federal assistance applies, and
 - e. Americans with Disabilities Act of 1990 prohibiting discrimination on the basis of disability under programs, or activities, and services provided or made available by state and local governments or agencies applies.
 - f. The owner/landlord/property manager must follow all fair housing policy requirements of the Fair Housing Act, Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendment Act of 1988.
 - g. The owner/landlord/property manager must comply with the applicable statutes, regulations, and related policy guidance, ensuring that admissions, occupancy, marketing and operating procedures comply with non-discrimination requirements.
 - h. I hereby certify that the under the term of the lease agreement between _____ [fill in household name] and _____ [fill in landlord name] for the property located at _____ [fill in address of dwelling] the amount of monthly rent is \$_____, and the amount of rent payments currently in arrears is \$_____, for the following months_____.

Further, I hereby certify that I will not seek or enforce judicial eviction orders involving the property referenced in item “h” above, for non-payment of rent for the months indicated unless such eviction order is deemed by the court to be necessary to respond to a significant and immediate risk to the health, safety, or property of others created by the resident; or provides at least 60 days’ written notice of the property owner’s intent to personally occupy the premises as the owner’s primary residence, or to sell the property.

Further, I hereby certify that I have the legal right to receive payments for the rents owed at the address of [fill in from application] for the period outlined. I would like to participate in the Hall County ERAP and receive payments for the amounts due, will provide a signed W-9 Request for Taxpayer Identification Number and Certification, as well as my payment information.

Further, I understand and acknowledge that Tenant has a right to remain on the property referenced in item “h” above for all months for which rent has been paid, and I shall not ask Tenant to leave during that time. If tenant should vacate during the time for which rent has been paid, I will contact Hall County within ten (10) days to determine how much of the grant funds must be returned to Hall County.

Under penalties of perjury, I declare that I have read this Prohibition of Discrimination and that the facts stated in it, as well as the facts stated in the Application for assistance are true and

correct. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

Landlord Name

Landlord Signature

Date



**HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0
SELF-CERTIFICATION OF LANDLORD/TENANT RELATIONSHIP**

(To be Submitted by Head of Household if no written lease is available)

Head of Household's Name:

Head of Household's Spouse (if applicable):

Other Household Members 18 & Over:

Landlord's Name (name where rent is sent):

Landlord's Address:

Landlord's Phone Number: _____

Landlord's Email Address: _____

Rental Property Address: _____ (the
"Property")

How long have you rented the Property? _____

Term of Lease: _____ Expiration of Lease: _____

Monthly Rent Payment _____

Are you behind in rent: Yes No If yes, how much rent is past due \$_____?

If the property is managed by a Management Company attach evidence the Management Company is authorized to manage the property (property management agreement)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program 2.0 and other remedies available under applicable law.

Signature of Applicant:

Date:

Printed Name of Applicant:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program 2.0 and other remedies available under applicable law.

Signature of Applicant/Landlord:

Date:

Printed Name of Applicant/Landlord:



**HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0
SELF-CERTIFICATION OF NO INCOME**

Each household member 18 years or older, who does not receive any income, must complete this form.

Household Member's Name: _____

Property Address: _____

Within the last 12 months, did you receive income from any of the following sources?

- Yes No Wages, salaries, tips, bonus, commissions, etc.
- Yes No Severance pay
- Yes No Worker's compensation
- Yes No Interest/dividends from assets, including bank accounts
- Yes No Net income from the operation of a business or profession
- Yes No Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, and online sales
- Yes No Unemployment benefits
- Yes No Social Security or Supplemental Security Income (SSI)
- Yes No Annuities, pensions, and retirement funds (i.e. IRA, 401K)
- Yes No Insurance policies, disability, death benefits, or similar types of periodic receipts
- Yes No Alimony or child support
- Yes No Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations such as GoFundMe or through a local bank)
- Yes No Temporary Assistance for Needy Families (TANF)
- Yes No All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)
- Yes No Any other source (if yes, explain) _____

If the answer to any of the above is yes, please return to the income section of your application. Complete the appropriate line item and include the support documentation with your application or complete the SELF-ATTESTATION OF INCOME if you do not have supporting documentation of income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act

of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Rental Assistance Program and other remedies available under applicable law. I also give the Hall County Rental Assistance Program and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Signature of Household Member Printed Name of Household Member Date

THIS SECTION TO BE COMPLETED BY THE HEAD OF HOUSEHOLD ONLY

Did every household member 18 years and over complete a Self-Certification of No-Income?

Yes No

If yes, please complete the following:

Over the last 12 months, explain how your household pays for the following:

Rent (including garage rent, if applicable) _____

Utilities _____

Food _____

Family clothing _____

School supplies _____

Cell phone or phone _____

TV (cable, dish, satellite): _____

Internet _____

Medical/Dental care: _____

Medications & Prescriptions: _____

Personal care products (shampoo, toothpaste, etc.) _____

Vehicle expenses (car payments, insurance, fuel, etc.) _____

Payments on other expenses _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Rental Assistance Program and other remedies available under applicable law. I also give the Hall County Rental Assistance Program and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Signature of Applicant/
Head of Household Printed Name of Applicant/
Head of Household Date



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0
SELF-CERTIFICATION OF RISK OF HOMELESSNESS OR HOUSING INSTABILITY

The Hall County Emergency Rental Assistance Program 2.0 requires that since March 13, 2020, at least one member of the household can demonstrate a risk of experiencing homelessness or housing instability.

Risk of eviction

Living in an overcrowded residence (number of household members is greater than the number of total rooms), which can increase the risk of exposure to COVID-19

Monthly rent and utilities are more than the household can afford

The household struggles to purchase essential goods or services and pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school

The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income

one or more household members have experienced homelessness

Other - Please

explain: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the and other remedies available under applicable law.

Signature of Applicant/

Printed Name of Applicant/

Date



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0
SELF-CERTIFICATION OF (I) UNEMPLOYMENT OR (II) DECREASED INCOME AND/OR INCREASED EXPENSES
(To be completed by the Head of Household)

Healthcare costs, including care at home for individuals with COVID-19

Purchase of Personal Protective Equipment (e.g. gloves, face masks, face shields)

Penalties, fees, and legal costs associated with rental or utility arrears

Payments for rent or utilities made by credit card to avoid homelessness or housing instability

Moving costs incurred to avoid homelessness or housing instability

Increased childcare costs

Internet access and computer equipment costs required to work or attend school remotely

Alternative transportation costs for households unable to use public transportation during the pandemic

Forced to take off work due to school closure or childcare change

Other – _____

For applicants certifying to a hardship under section II, please provide additional information explaining your hardship:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program 2.0 and other remedies available under applicable law.

Signature of Applicant

Printed Name of Applicant

Date



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0 WRITTEN ATTESTATION OF INCOME

Each household member 18 years or older, who cannot provide supporting documentation for their income due to extenuating circumstances related to the pandemic, disabilities, lack of technological access or if the income was received in cash must complete this form.

Household Member's Name: _____

Property Address: _____

Within the last 12 months, did you receive income from any of the following sources?

Yes No Wages, salaries, tips, bonus, commissions, etc.

Amount of Income over the Last 60 Days \$ _____

Yes No Severance pay

Amount of Income over the Last 60 Days \$ _____

Yes No Net income from the operation of a business or profession

Amount of Income over the Last 60 Days \$ _____

Yes No Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, and online sales

Amount of Income over the Last 60 Days \$ _____

If you answered yes to any of the questions above, please provide:

Name of Employer/Former Employer

Name of Contact Person to Verify Employment

Phone Number of Contact Person

Yes No Worker's compensation

Amount of Income over the Last 60 Days \$ _____
 Yes No Interest/dividends from assets, including bank accounts
Amount of Income over the Last 60 Days \$ _____
 Yes No Unemployment benefits
Amount of Income over the Last 60 Days \$ _____
 Yes No Social Security or Supplemental Security Income (SSI)
Amount of Income over the Last 60 Days \$ _____
 Yes No Annuities, pensions, and retirement funds (i.e. IRA, 401K)
Amount of Income over the Last 60 Days \$ _____
 Yes No Insurance policies, disability, death benefits, or similar types of periodic receipts
Amount of Income over the Last 60 Days \$ _____
 Yes No Alimony or child support
Amount of Income over the Last 60 Days \$ _____
 Yes No Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations such as GoFundMe or through a local bank)
Amount of Income over the Last 60 Days \$ _____
 Yes No Temporary Assistance for Needy Families (TANF)
Amount of Income over the Last 60 Days \$ _____
 Yes No All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)
Amount of Income over the Last 60 Days \$ _____
 Yes No Any other source (if yes, explain source and last two months income amount) _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and that I am unable to provide any documentation of the income listed above. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program 2.0 and other remedies available under applicable law. I also give the Hall County Emergency Rental Assistance Program 2.0 and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Signature of Household Member

Printed Name of Household Member

Date



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM
SELF-CERTIFICATION OF RENTAL OCCUPANTS

Under the Hall County ERAP, your assistance application should include all of the adults and children present in the household at the time of application. Please use this form if the members of the household in your application do not match the individuals listed on the lease documents you are submitting for Hall County ERAP.

Applicant Name: _____

Fill in the following:

___ The documents I submitted include the following adults who are no longer in the home:

Name(s) _____, _____, _____

AND/OR

___ The documents I submitted do not include the following adults who are now in the home:

Name(s) _____, _____, _____

AND/OR

The documents I submitted do not include _____ (fill in number of children) who are now in the home. (Minor children's names are not required).

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program and other remedies available under applicable law.

Signature of Applicant:

Date:

Examples:

Example 1: Pat and Sam Smith filed a joint 1040 tax return for 2020. Pat Smith moved out recently and Sam Smith needs help with rent. Sam Smith would submit the 1040 including W2 information and this form, and the team would only look at Sam Smith's income on the 1040 to determine eligibility. Sam would also make sure that it's clear what income is Pat's and what is Sam's on the documents submitted.

X The documents I submitted include the following adults who are no longer in the home: Name(s) Pat Smith, _____, _____

Signed: Sam Smith

Example 2: Sam Smith's parent, Jessie, is staying with Sam while Jessie recovers from an illness. Sam and Jessie both submitted income documents to determine eligibility for rent assistance, but Jessie is not on the lease. Sam would submit this form, so the team knows that Jessie is a member of the household as of the date of application.

X The documents I submitted do not include the following adults who are now in the home: Name(s) Jessie Smith, _____, _____

Signed: Sam Smith

Example 3: Max and Nan had 2 children in their home when they filed taxes for 2020 and have since had 2 foster children join the family. They would apply as a family of 6 (Max, Pat, 4 children) but may want to put in this form so the team knows they have a larger family than at the time of their last tax return:

X The documents I submitted do not include 2 (number) minor child(ren) who is(are) now in the home. No names are required for minor children.

Signed: Max