

Lancaster County Emergency Rental Assistance Program (ERAP)

Continued Assistance Information Sheet

Lancaster County is **currently accepting applications for continued assistance** from previously eligible and approved participants in Lancaster County's Emergency Rental and Utility Assistance Program. County residents who previously received assistance can apply for 1 to 3 months of further rental assistance.

To apply for continued assistance, please complete the attached Certification & Request for Continued Assistance. **Please read the questions carefully.** Documentation requirements are based on circumstances. The certification form will direct you to submit documentation as it applies.

Further income documentation will be requested based on whether you qualified with monthly income documentation or 2020 IRS form 1040 when you originally applied.

NEXT STEPS –

- Complete the Certification & Request for Continued Assistance
- Gather Documentation needed for review of your request.
- Log into your account at assistancecheck.com
 - Upload the Certification & Request for Continued Assistance
 - Supporting Documents
 - Financial Worksheet (if previously received 12 months of assistance or more)

For further assistance with submission, please seek assistance from one of the partnering agencies listed on the last page. For general questions, please contact the helpline at (717) 590-3101

Lancaster County Emergency Rental Assistance Program Certification & Request for Continued Assistance (1-3 Additional Months)

Please read carefully and answer each question. Blank questions will require clarification and will delay your request for assistance.

I. Applicant Information (Head of Household)

Full Name:

Current Street Address:

City:

State:

Zip Code:

Best Phone # to reach you:

Landline Cell

Email:

II. Lease / Property Information

a. Has your lease been renewed/updated since original application?

Yes – complete the following No – move to the next question

- submit new fully executed lease by uploading into assistancecheck.com

b. Has your address changed since original application?

Yes – complete the following No – move to the next question

- Submit fully executed lease by uploading into assistancecheck.com
- Complete landlord / property management information below

New Landlord/Property Management Company

Address

Phone #

III. Household and Income Information:

a. Have the members of your household changed, or any member(s)/Lessee(s) no longer residing in the home?

Yes – complete table below No – move to the next question

Household Members	
Name	Age

Other Dependent(s)	
Name	Age

b. Did your household previously submit 2020 IRS 1040 Tax Return?

Yes – move on to the next question No – complete table below

Complete table below and submit most recent verification for each source and adult household member listed below by uploading into assistancecheck.com. Acceptable forms of verification include:

- Most recent paystub(s)
- Pennsylvania Labor & Industry Pandemic UI Assistance Letter, Notice of Financial Determination Letter, or recent claim history
- Most recent bank statement
- Letter from employer
- Statement of Benefits for Social Security, Retirement, other (if not submitted originally)
- Attestation of Zero Income (see below)

Self / Applicant		
Income Source	Frequency (weekly, biweekly,etc)	Gross Amount (before taxes)
Please list other Household Members below - if not applicable, check here <input type="checkbox"/>		
Household Member Name		
Age <input type="checkbox"/> CoApplicant / Adult <input type="checkbox"/> Dependent / Full Time Student		
Income Source	Frequency (weekly, biweekly,etc)	Gross Amount (before taxes)
Household Member Name		
Age <input type="checkbox"/> CoApplicant / Adult <input type="checkbox"/> Dependent / Full Time Student		
Income Source	Frequency (weekly, biweekly,etc)	Gross Amount (before taxes)
Household Member Name		
Age <input type="checkbox"/> CoApplicant / Adult <input type="checkbox"/> Dependent / Full Time Student		
Income Source	Frequency (weekly, biweekly,etc)	Gross Amount (before taxes)

Zero Income Attestation – (If Applicable)

I, _____, hereby certify that the following adult household members currently have **no** source of income:

The Household Members listed above do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property
- d. Interest or dividends from assets;

- e. Social security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons no living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Tupperware, etc.)
- j. Any other source not named above.

IV. Rent and Utility Request

- a. Monthly Rent Amount \$
 - For the following months:
- b. Are you currently behind on utilities? (Please note, the program can only match utility payments to months you received rental assistance for already)

Yes – complete table below **No – move to the next section**

Utility company	Name on account	Account #	Months owed	Amount owed

Please submit through assistancecheck.com copies of the above utility bills you would like the program to review. The bills must clearly show the utility company, name on the account and the account number. ***If utility bill is in your landlord's name, please have landlord notify landlord@lchra.com**

V. COVID Attestation

I, _____ hereby certify that my household continues to lack sufficient resources to pay rent and/or utilities because of the COVID-19 emergency. Ongoing assistance is needed for my household and no additional funding sources are available.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I certify that I have not already been provided rental or utility assistance, through another provider or any other program, that covers the costs requested in this form. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household

Date

Financial Worksheet

Completed **ONLY** for Continued Assistance for Households Exceeding 12 Months of Assistance

Continued assistance may require a financial counseling session. Please complete the following worksheet by recording your estimated monthly expenses. Those who have **exceeded 12 months of assistance** with their initial application may be directed to a Lancaster County Eviction Prevention Network partner for financial counseling prior to assistance. The purpose is to assist with a plan for continued sustainability upon completion of the ERAP program.

Estimated monthly Expenses

Utilities			
Electricity	\$	Water / Sewer	\$
Heat (Gas/Oil)	\$	Trash	\$
Telephone (Cell)	\$	Cable (Satellite/Bundle)	\$
Internet	\$	Other Utility	\$
Transportation			
Car Payment (Loan/Lease)	\$	Car Insurance	\$
Gas	\$	Car Maint (Reg/Inspection)	\$
Public Transportation	\$	Other Transportation	\$
Food			
Groceries	\$	Dining Out	\$
Work/School Lunches	\$	Baby Food / Formula	\$
Health / Medical			
Health Insurance (not deducted)	\$	Children's Health Ins (not deducted)	\$
Prescription Copays	\$	OTC / Vitamins	\$
Dental / Eye Care	\$	Other	\$
Personal			
Household/Cleaning Products	\$	Toiletries/Hygiene Products	\$
Baby Supplies	\$	Hair Care / Nails / Other	\$
Alcohol / Cigarettes	\$	Clothes	\$
Pets	\$	Other Personal	\$
Entertainment / Activities / Gifts			
Newspaper / Internet Subscriptions	\$	Memberships (gym, other)	\$
Sports / Leisure	\$	School Activities (children)	\$
Gifts	\$	Vacations / Trips	\$
Donations / Tithing	\$	Other:	\$

I, _____ hereby acknowledge that in order to receive assistance for additional months a financial counseling session may be required prior to receiving rent and utility assistance through the Lancaster County Emergency Rental and Utility Assistance Program.

Signature of Applicant / Head of Household

Date