

# Westmoreland County

## Emergency Rental Assistance Program (ERAP)

### TENANT APPLICATION

Please complete the attached application being as detailed and complete as possible. Use the checklist below to know which additional documents you will need to include with this application.

Completed applications can be:

MAILED TO – Union Mission, ERAP, PO Box 271, Latrobe, PA 15650

E-MAILED TO – [erap@theunionmission.org](mailto:erap@theunionmission.org)

DELIVERED AT – Union Mission, 2217 Harrison Avenue, Latrobe, PA 15650

FAXED TO – 724-532-3092

**In addition to the completed application, I have included the following documentation (PLEASE CHECK OFF ITEMS AS YOU ADD THEM):**

- ☐ Verification of Assets for every household member (e.g. previous two month's bank statements, certificates, etc.), or, Attestation of Zero Assets (only if there are no assets held by any household member) (Appendix B)
- ☐ 2020 Federal Tax Return or Proof of Income (e.g. pay stubs) for ALL household members
  - ☐ For Self-Employment Income, please use Self-Employment Attestation (Appendix B)
- ☐ Verification of unemployment benefits or letter from employer, etc. demonstrating loss of income/financial impact due to COVID-19
- ☐ Eviction Notice (only if you have indicated you have an Eviction Notice in the application)
- ☐ Rent Statement/Notice to Quit
- ☐ Rental Agreement/Lease
  - ☐ For Oral Lease use Lease Agreement Not Written Form (Appendix B)
- ☐ Current Utility Bill for any Utilities Requested
- ☐ Photo ID for all household members over 18 years old
- ☐ Authorization for Release of Information (Appendix A)
- ☐ Monthly Budget (Appendix A)
- ☐ Housing Stability Plan (Appendix A)

## Program Overview

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### Program Overview

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#### **WESTMORELAND COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM**

**Westmoreland County  
724-539-3550 x210**

The Westmoreland County Emergency Rental Assistance program is designed to assist Westmoreland County residents directly impacted by COVID-19 with rental and utility assistance. Various forms of documentation are required by this program to determine eligibility, and if eligible, to determine the amount of financial assistance available per applicant. If you have questions regarding this application or need assistance, please call the Westmoreland County Helpline at 724-539-3550 x210.

**NOTE: Much of the correspondence for this Program is via The Union Mission, so please check your Spam email folder if you have not received any emails from Neighborly Software or from The Union Mission.**

Eligibility criteria for **BOTH** Tenant **AND** Landlord are outlined in the two sets of criteria below. Before proceeding, it is recommended that both parties discuss and agree that they are both willing and able to proceed and that both will complete the online application, provide all required items, and abide by all required terms.

#### **Eligibility Criteria for Tenant:**

1. Must be a Westmoreland County resident, with proof of residency, and residing in the property that is in arrears as primary residence **AND**;
2. One or more adults in the household must have qualified for unemployment benefits or has experienced a

reduction in household income, incurred significant costs, or experienced other financial hardship due directly to the coronavirus outbreak that can be documented **AND**;

3. One or more adults in the household must be able to demonstrate a risk of experiencing homelessness or housing instability such as a past due rent or utility notice, pay rent or quit notice, court issued eviction notice, fleeing domestic violence, or documented inability to pay prospective rent **AND**;
4. Must be able to provide a fully executed rental lease or agreement where the lease is in the Applicant's name and the Applicant is responsible for monthly rent payments **AND**;
5. Household income must fall at or below these brackets:

Household Size	1	2	3	4	5	6	7	8
Income	\$46,500.00	\$53,150.00	\$59,800.00	\$66,400.00	\$71,750.00	\$77,050.00	\$82,350.00	\$87,650.00

6. **AND**, Must read and agree to full Terms & Conditions that are outlined prior to submission of the application.

#### **Eligibility Criteria for Landlord:**

1. Must provide a valid W-9 for payment to the owner of the rental property .
2. Must confirm that any rental arrears submitted for consideration are for Westmoreland County property(ies) only.
3. Must read and agree to full Terms & Conditions that are outlined prior to submission of the application. Please review thoroughly prior to submitting application.

## A. Eligibility

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### A. Eligibility

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The following questions will help determine whether your household meets basic eligibility for the Westmoreland County Emergency Rental Assistance program.

**A.1. Is your household income at or below the 80% area median income level?**

☐ Yes ☐ No

Household Size	1	2	3	4	5	6	7	8
Income	\$46,500.00	\$53,150.00	\$59,800.00	\$66,400.00	\$71,750.00	\$77,050.00	\$82,350.00	\$87,650.00

**A.2. Are you delinquent on your rent and/or utility payments or know you won't be able to pay next month's rent?**

☐ Yes ☐ No

**A.3. Are you a resident of Westmoreland County?**

☐ Yes ☐ No

**A.4. Have you qualified for unemployment benefits OR Do you have proof that you have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly to the coronavirus outbreak that can be documented?**

☐ Yes ☐ No



IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR EMERGENCY RENTAL ASSISTANCE. YOU CAN CONTINUE THE APPLICATION, AND WE WILL NOTIFY YOU OF YOUR ELIGIBILITY BASED ON YOUR COMPLETED APPLICATION.

## B. Applicant Information

### B. Applicant Information

Please provide the following information.

#### PRIMARY APPLICANT

B.1. Applicant First Name:

B.2. Applicant Last Name

B.3. Home Address

B.4. Mailing Address (if different)

B.5. Telephone Number

B.6. E-Mail

B.7. Emergency Contact Name

B.8. Emergency Contact Phone Number

B.9. Is any household member currently receiving unemployment compensation for at least 90 days?

☐ Yes

☐ No

#### CO-APPLICANT (IF APPLICABLE)

B.10. Co-Applicant First Name

B.11. Co-Applicant Last Name

B.12. Home Address

B.13. Telephone Number

B.14. E-Mail

## C. Household Members

### C. Household Members

List all household members. Include the head of household or primary applicant listed from Applicant Information

<b>Applicant:</b>			
<b>SSN:</b>		<b>Birthdate:</b>	
<b>Employer:</b>		<b>Demographics:</b>	<b>Relationship to Head of Household:</b> Self Race: <input type="text"/> Ethnicity: <input type="text"/> Gender: <input type="text"/>

<b>Name:</b>			
<b>SSN:</b>		<b>Birthdate:</b>	
<b>Employer:</b>		<b>Demographics:</b>	<b>Relationship to Head of Household:</b> <input type="text"/> Race: <input type="text"/> Ethnicity: <input type="text"/> Gender: <input type="text"/>

<b>Name:</b>			
<b>SSN:</b>		<b>Birthdate:</b>	
<b>Employer:</b>		<b>Demographics:</b>	<b>Relationship to Head of Household:</b> <input type="text"/> Race: <input type="text"/> Ethnicity: <input type="text"/> Gender: <input type="text"/>

<b>Name:</b>			
<b>SSN:</b>		<b>Birthdate:</b>	
<b>Employer:</b>		<b>Demographics:</b>	<b>Relationship to Head of Household:</b> <input type="text"/> Race: <input type="text"/> Ethnicity: <input type="text"/> Gender: <input type="text"/>

*Please List Additional Household Members on the Back of this Page*

**Total Household Members:**

## D. Asset Verification

### D. Household Asset Verification

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. **Required: include bank statements or statements of other assets.** If the household does not have any assets, please write "No Assets" and complete the Attestation of Zero Assets Form included at the end of this packet.

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income



Attach Bank Statements, Verification of other Assets, or Attestation of Zero Assets Form \*Required

## E. Income Verification

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### Household Income Verification

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You have two options for reporting your household income. The two options are outlined below and you can select one of the options and follow the instructions for that option.

**Option 1:** Upload your 2020 Federal Tax Return (with additional forms if household member apply separately).

OR

**Option 2:** Attach income information for every household member with 30-60 days of income being verified via documentation for each type of income. You must add **at least one source of income for each household member**. If a household member has **zero** income, then add a Zero Income Attestation for that household member (found at the back of this application).

Failure to include **ALL** income information for every household member may prevent assistance from being provided OR you may be required to **REPAY** assistance if you are found to be ineligible after assistance is granted.



**2020 Tax Return or Income Information for Every Household Member Needs Attached \*Required**

## F. COVID-19 Impact

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### F. COVID-19 Impact

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F.1. Has the leaseholder or other members of the leaseholder household lost income due to the COVID-19 pandemic?

F.2. Please check each condition that applies to the leaseholder or other members of leaseholder household who have lost income due to the COVID-19 pandemic (check all that apply):

- ☐ Have been laid off temporarily or permanently
- ☐ Have had work hours reduced
- ☐ Were about to start a new job but could not, or were terminated from a new job before establishing sufficient work history to be eligible for regular benefits.
- ☐ Are self-employed, and their business is no longer supplying them with income or such income has been reduced.
- ☐ Are independent contractors or gig workers who have not been able to earn fees, or whose fees have been reduced.
- ☐ Have become sick themselves or have been advised by a governmental or medical professional to self quarantine.
- ☐ Have had to leave a job or reduce hours in order to care for a person who is sick.
- ☐ Have had to leave a job or reduce hours to care for dependents whose ordinary situations (such as school or daycare) have been disrupted.
- ☐ Have reasonable concern over the risk of infection at work, for themselves or someone in their household. (Examples include individuals who themselves or live with someone who is elderly, have underlying conditions that render them more vulnerable, or are immunocompromised).
- ☐ I had an unexpected COVID related medical or funeral expense
- ☐ I am living in a car, outside, or other place not meant for human habitation
- ☐ Have other conditions resulting in loss of income due to the COVID-19 pandemic. (Please describe below.)

If you selected "Other," please describe the situation below.

F.3. Please provide a short description of your COVID-19 Income Loss

- ☒ Please attach COVID-19 Loss of income documentation such as letter from employer, description of loss of self-employment income, letter showing reduction in hours

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**G. Assistance Request**

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Fill out the amount that you are requesting for each month of housing payments that you require assistance for due to your household's COVID-19 impact. For instance, if you require assistance for \$1,000 of rent missed in November 2020, but only \$500 of rent missed in December 2020, then you would fill out \$1,000 in November 2020 and \$500 in December 2020.

**RENTAL ASSISTANCE REQUESTED****G.1. Are you requesting rent assistance?**☐☐**G.2. Has your household received an eviction notice from your landlord?**☐☐**If yes, you must upload the eviction notice.**☐**I have attached my Eviction Notice (if applicable)****LANDLORD INFORMATION****G.4. Landlord/Entity Name****G.5. Landlord Phone Number****G.6. Landlord Email****G.3. Rent request by month.****March 2020****January 2021****November 2021****April 2020****February 2021****December 2021****May 2020****March 2021****June 2020****April 2021****July 2020****May 2021****August 2020****June 2021****September 2020****July 2021****October 2020****August 2021****November 2020****September 2021****December 2020****October 2021**

## H. Utility Assistance Requested

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### H. Utility Assistance

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Please provide the following information.

#### WATER ASSISTANCE REQUESTED

H.1. Are you requesting water utility assistance?

☐ Yes ☐ No

H.2. Water Company

H.4. Account Number

H.5. Water Assistance Request  
(Late/Missed Payments)

March 2020      March 2021

April 2020      April 2021

May 2020      May 2021

June 2020      June 2021

July 2020      July 2021

August 2020

September 2020

October 2020

November 2020

December 2020

January 2021

February 2021

☒ Please attach Water Bill, if requesting assistance

#### GAS/PROPANE ASSISTANCE REQUESTED

H.7. Are you requesting gas/propane assistance?

☐ Yes ☐ No

H.8. Gas Company

H.10. Gas Account Number

H.11. Gas Assistance Request  
(Late/Missed Payments)

March 2020      March 2021

April 2020      April 2021

May 2020      May 2021

June 2020      June 2021

July 2020      July 2021

August 2020

September 2020

October 2020

November 2020

December 2020

January 2021

February 2021

☒ Please attach Water Bill, if requesting assistance

#### ELECTRIC ASSISTANCE REQUESTED

H.13. Are you requesting electric utility assistance?

☐ Yes ☐ No

H.15. Electric Company Name

H.16. Electric Account Number

H.17. Electric Assistance Request  
(Late/Missed Payments)

March 2020      March 2021

April 2020      April 2021

May 2020      May 2021

June 2020      June 2021

July 2020      July 2021

August 2020

September 2020

October 2020

November 2020

December 2020

January 2021

February 2021

☒ Please attach Electric Bill, if requesting assistance

## I. Internet & Sewer Assistance Requested

### I. Internet and Sewer Assistance Request

Please provide the following information.

#### INTERNET SERVICE ASSISTANCE REQUESTED

I.1. Are you requesting internet assistance?

☐

Yes

☐

No

I.2. Internet Service Provider

#### SEWER ASSISTANCE REQUESTED

I.7. Are you requesting sewer assistance?

☐

Yes

☐

No

I.8. Sewer Service Provider

I.3. Internet Service Provider Account Number

I.9. Sewer Service Provider Account Number

I.4. Internet service request by month.

March 2020

February 2021

April 2020

March 2021

May 2020

April 2021

June 2020

May 2021

July 2020

June 2021

August 2020

July 2021

September 2020

☒

Please attach Internet Bill, if requesting assistance

October 2020

November 2020

December 2020

January 2021

I.10. Sewer service request by month.

March 2020

February 2021

April 2020

March 2021

May 2020

April 2021

June 2020

May 2021

July 2020

June 2021

August 2020

July 2021

September 2020

☒

Please attach Sewage Bill, if requesting assistance

October 2020

November 2020

December 2020

January 2021

## J. Prior Assistance Received

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### J. Prior Assistance Received

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Assistance provided under the Emergency Rental Assistance Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs. List all other sources of rent or utility assistance received from local governments, the State, Owner Preservation Program, non-profit organizations, faith based organizations, or friends and family.

#### PRIOR HOUSING ASSISTANCE RECEIVED

**J.1. Has anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) FOR THE MONTHS YOU ARE APPLYING TO ERAP FOR? If yes, proceed with this section. If no, proceed to the next section.**

**J.2. List the housing assistance that you have already received each month, where applicable. List all of the sources of financial and/or housing assistance (the name of the local, state, federal or private organization) FOR ONLY THE MONTHS YOU ARE APPLYING TO ERAP.**

March 2020	March Assistance Source
April 2020	April Assistance Source
May 2020	May Assistance Source
June 2020	June Assistance Source
July 2020	July Assistance Source
August 2020	August Assistance Source
September 2020	September Assistance Source
October 2020	October Assistance Source
November 2020	November Assistance Source
December 2020	December Assistance Source
January 2021	January Assistance Source
February 2021	February Assistance Source
March 2021	March Assistance Source
April 2021	April Assistance Source
May 2021	May Assistance Source
June 2021	June Assistance Source
July 2021	July Assistance Source
August 2021	July Assistance Source
September 2021	July Assistance Source
October 2021	July Assistance Source

## K. Housing Stability Case Management

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### K. Housing Stability Case Management

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Please provide the following information.

#### HOUSING STABILITY CASE MANAGEMENT SERVICES

As part of the ERAP program, you have the option to receive Housing Stability Case Management services. Case management is defined as a collaborative process that assesses plans, implements, coordinates, monitors and evaluates the options and services required to meet your needs. Case managers are available to work with you to coordinate with existing relationships with other community service providers to help you plan and achieve your goals related to housing stability.

**CASE MANAGEMENT SERVICES ARE NOT REQUIRED.** Your choice to opt-in or opt-out of Case Management will not affect your eligibility to receive assistance.

☐ By checking this box, I acknowledge that I understand that Case Management services are **NOT REQUIRED** and are an **OPTIONAL** service available to help me develop and work toward accomplishing goals relative to housing stability, and my selection will have no impact on my eligibility for assistance.

Would you be interested in receiving or signing up for Case Management services?

☐ **NO**

☐ **YES**

☐ **NOT AT THIS TIME** – I may consider signing up for these services later but am not interested at this time.

## L. Additional Required Documents

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### L. Required Documents

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You must attached the following documents to your application

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### Documentation

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- ☒ **Authorization of Release of Information** \*Required (Included at the back of the application)
  
- ☒ **Monthly Budget Form** \*Required (Included at the back of the application)
  
- ☒ **Housing Stability Goals** \*Required (Included at the back of the application)
  
- ☒ **Valid Photo ID for all adult household members (18 years of age or older)** \*Required
  
- ☒ **Most Recent Rent Statement/Notice to Quit (Must show name, address, and rental amount due)**
  
- ☒ **Rental Agreement / Documentation that Shows Rental Arrangement** \*Required

## Terms and Conditions

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### Terms and Conditions

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- ☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Westmoreland County Emergency Rental Assistance Program.
- ☐ I/we understand that Title 18 of Pennsylvania law provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment. I/we further understand that any willful misstatement of information will be grounds for disqualification.
- ☐ I/we certify that the application information provided is true and complete to the best of my/our knowledge.
- ☐ I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- ☐ I/we further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.
- ☐ I/we have read and agree to the Privacy Policy Available at: <https://tinyurl.com/umcpp>
- ☐ I/we, for ourself, our assigns and our heirs, agree to hold the Union Mission harmless from any and all claims, demands, lawsuits or other causes of action based upon or arising out of any activities performed by its employees, agents, representatives or independent contractors and subcontractors that involve assistance projects and work related activities that are funded either directly or indirectly for the ERA program.
- ☐ Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Additionally, if I/we receive future funding for the same purpose of the ERAP funds, I/we will agree to repay the assistance that was duplicated.

Signature

Printed Name

Date

# **Westmoreland County**

## **Emergency Rental Assistance Program (ERAP)**

### **APPENDIX A**

**FORMS THAT MUST BE COMPLETED AND INCLUDED AS PART OF THE APPLICATION**

1. Authorization for Release of Information
2. Monthly Budget
3. Housing Stability Plan



## Section K. Required Documentation

### AUTHORIZATION FOR RELEASE OF INFORMATION

#### PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for collecting the requested information is contained in E.O. 12450:5 UDSC 1303-1305: 42 USC 2165 and 2455: 22 USC 2585 and 2519: and 5 USC 3301. This form will be furnished to individuals and organizations for the purpose of obtaining information from them about you and your activities in connection with your application to the Emergency Rental Assistance Program (ERAP). Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for Emergency Rental Assistance Program assistance.

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#### AUTHORIZATION

By this release, I authorized any official representative of the Union Mission Office administrating ERAP to request and obtain from any school, residential management agent, landlord, utility provider, employer, law enforcement agency, individual, and any other entity, information relating to me and my activities, related specifically to Emergency Rental Assistance Program assistance. This information may include, but is not limited to, any and all records concerning my personal history, employment status and attendance, utility arrears and rental arrears.

I authorize you to provide the requested information to the Union Mission, official presenting this release. I have been advised that any information requested and provided will be used only for official purposes by the Union Mission ERAP program and may be disclosed to third parties as necessary in accordance with applicable laws and regulations in fulfillment of official responsibilities.

I release any individual or organization from any and all liability for actual or alleged damages to me as a result of good faith compliance with this authorization.

NAME		
LAST	FIRST	MIDDLE
CURRENT ADDRESS		
STREET		
CITY	STATE	ZIP CODE
TELEPHONE		
AREA CODE	NUMBER	
SIGNATURE		

# MONTHLY BUDGET

Household Name:		Date:	
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Things that I have to spend money on:		Formal ways I get money:	
Rent		Job	
Utilities		General Welfare	
Food		Disability	
Arrears		Pension	
Repairs		Other:	
<b>TOTAL</b>	0	<b>TOTAL</b>	0

  

Other money that comes in goes toward:		Informal ways I get money:	
Child Support		Bottle Collecting	
Debts		Odd Jobs	
Habits		Treasure Hunting	
Vehicle/Insurance		Baby Sitting	
Clothing/Shoes		Sex Work	
Cell Phone		Drug Run/Dealing	
Health Stuff		Day Labor	
Household Supplies		Theft/Pawning	
Significant Other		Friends/Family	
Kids		Selling Rx	
Other Friends		Gambling	
Cable		Panhandling	
Socializing/Partying		Selling Crafts	
Sex		Busking/Entertain	
Bus/Taxis		Honorariums	
Gambling		Donate Plasma	
Legal Stuff/Fines		Medical Research	
Other Bills:		Other:	
<b>TOTAL</b>	0	<b>TOTAL</b>	0

  

All the Ways I Spend Money:		All the Ways I Make Money:	
<b>GRAND TOTAL</b>	0	<b>GRAND TOTAL</b>	0

  

<b>Difference Between What I Spend and What I Make:</b>	0
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I certify, under penalty of perjury under of the laws of the USA and Commonwealth of PA that the foregoing is true and accurate.

Applicant Signature

Co-Applicant Signature

## Housing Stabilization Plan

Household Name: \_\_\_\_\_

**Barriers:** What barriers are keeping you from being able to pay your rent and/or utilities?

**Goals:** What goals would you like to set to help alleviate the barriers listed above:

Goal 1: \_\_\_\_\_

Goal 2: \_\_\_\_\_

**Action Steps:** What steps need to be taken to help achieve the goals above:

For Goal 1

What needs to be done to achieve Goal 1?	How will doing this help reach Goal 1?	Who in your household needs to complete this activity?	When do you plan for these actions to be done?

For Goal 2

What needs to be done to achieve Goal 2?	How will doing this help reach Goal 2?	Who in your household needs to complete this activity?	When do you plan for these actions to be done?

# Westmoreland County

## **Emergency Rental Assistance Program (ERAP)**

### **APPENDIX B**

FORMS THAT MAY NEED TO BE COMPLETED AND INCLUDED W/ YOUR APPLICATION

1. Attestation of Zero Assets Form
2. Self-Employment Attestation of Income Form
3. Attestation of Zero Income Form
4. Lack of Proof of Income Documentation Form
5. Lack of Proof of COVID-19 Impact Documentation Form
6. Lease Agreement Not Written Form



## Westmorland County Emergency Rental Assistance Program (ERAP)

### Section D. Asset Verification Zero Asset Attestation Form

Applicant Name: \_\_\_\_\_

**NOTE:** The use of this form will require more investigation to determine your eligibility in the ERAP program and will delay your application.

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

**I confirm in writing that no person in our household has any any assets at this time.**

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## **Self-Employment Attestation of Income Section E: Income Attestation**

***Please note: The use of this form will take longer and require more investigation to determine your eligibility in the program.***

**Owner Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please provide a brief description of your business (type of work, product sold, service provided, hours of operation, where business is conducted, etc.)**

**Please describe the impact COVID-19 had on your business.**

**Please complete the following table indicating income and expenses for your business.**

	<b>Revenue</b>	<b>Expenses</b>
January, 2020	\$	\$
February, 2020	\$	\$
March, 2020	\$	\$
April, 2020	\$	\$
May, 2020	\$	\$
June, 2020	\$	\$
July, 2020	\$	\$
August, 2020	\$	\$
September, 2020	\$	\$
October, 2020	\$	\$
November, 2020	\$	\$
December, 2020	\$	\$
January, 2021	\$	\$
February, 2021	\$	\$
March, 2021	\$	\$
April, 2021	\$	\$
May, 2021	\$	\$
June, 2021	\$	\$
July, 2021	\$	\$
August, 2021	\$	\$
September, 2021	\$	\$
October, 2021	\$	\$
November, 2021	\$	\$
December, 2021	\$	\$

**By law, you are required to keep adequate records. What type of records do you maintain to verify business income and expenses? (Check all that apply)**  
**(Please Submit Copies of Records)**

- ☐ Accounting Records/Computer Records/Business Bank Accounts
- ☐ Quarterly Tax Returns
- ☐ Other \_\_\_\_\_

By signing below, I acknowledge and understand that providing a written false statement which I do not believe to be true is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Westmorland County Emergency Rental Assistance Program (ERAP)

### Section E. Income Verification Zero Income Attestation Form

Applicant Name: \_\_\_\_\_

Household Member w/ Zero Income: \_\_\_\_\_

**NOTE:** The use of this form may require more investigation to determine your eligibility in the ERAP program and could delay your application.

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

I confirm in writing that \_\_\_\_\_ does not have any income from any source at this time.

\_\_\_\_\_  
Signature of Household Member with No Income

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Westmorland County Emergency Rental Assistance Program (ERAP)

### Section E. Proof of Income Documentation

Applicant Name: \_\_\_\_\_

Household Member without  
Documentation of Income: \_\_\_\_\_

**NOTE:** The use of this form will require more investigation to determine your eligibility in the ERAP program and will delay your application.

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

### Please explain why you can't provide documentation for Section E. Income Verification

Example: I do not have copies of my paystubs and the restaurant closed, so I have no one to contact to verify my income.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Westmorland County Emergency Rental Assistance Program (ERAP)

### Section F. Covid-19 Impact Supporting Documentation

Applicant Name: \_\_\_\_\_

**NOTE:** The use of this form will require more investigation to determine your eligibility in the ERAP program and will delay your application.

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

### Please explain why you can't provide documentation for Section F. COVID-19 IMPACT

Example: I was laid off from the restaurant I was working at during Covid-19 lockdown. The restaurant has since closed permanently so I can't receive any documents for the former owner.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Westmorland County Emergency Rental Assistance Program (ERAP)

### Section K. Required Documentation

#### Lease Agreement Not Written Page 1 of 2.

Head of Household Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact phone: \_\_\_\_\_  
Application Username: \_\_\_\_\_

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

**NOTE:** The use of this form will require more investigation to determine your eligibility in the ERAP program and will delay your application.

**Please complete if written lease agreement in not in existence**

#### Lease Terms:

Start Date of Lease: \_\_\_\_\_

End Date of Lease: \_\_\_\_\_

Monthly Rate: \_\_\$\_\_\_\_\_/ Per Month

Date/Day is Rent Due: \_\_\_\_\_

#### Limits:

Names and Total Number of Occupants: \_\_\_\_\_

Late Fees: \_\_\$\_\_\_\_\_

Other: \_\_\_\_\_

Security Deposit Amount: \_\_\$\_\_\_\_\_

Utilities That are Included in Rent: \_\_\_\_\_

Utilities That Tennant Must Pay Separately: \_\_\_\_\_



## **Westmorland County Emergency Rental Assistance Program (ERAP)**

### **Section K. Required Documentation**

#### **Lease Agreement Not Written, Page 2 of 2**

**Please provide proof of previous payments, or an explanation of why there is no proof**

Example: Canceled checks to landlord