HUMAN RELATIONS COMMISSION

815 WASHINGTON STREET, READING, PA 19601
(610) 655-6141 (610) 655-6262 FAX

EMERGENCY RENTAL ASSISTANCE PROGRAM

Only fully completed applications will be accepted
The incomes of all adult household members 18 years of age and older are counted as a part of the application.

This is the initial application. In order to participate in this program, you must provide all of the required documents (requested at a later time) to our office. You may also have to complete a more detailed application. City staff will review your application and documents to determine if your application is complete. Staff acceptance of the application does not constitute approval or guarantee participation in the program.

Certain funding is designed to assist eligible residents impacted by COVID-19 pandemic. Applicants will be required to provide documentation of their hardship

Program Guidelines:

- The program is designed to benefit low to moderate income households. Some of those households were impacted by COVID-19.
- The program is not first come/first served. Priority assistance will be given to the neediest residents.
- Eligible tenants will have the grant paid to the landlord directly.
- Applicant must communicate with their landlord to let them know you are applying for assistance.
- Applicants will be required to provide documentation of their income and eligibility which may include check stubs, bank statements, and/or a letter from your employer

Program is subject to funding availability

Emergency Rental Assistance Program Application

Please print/Use only Black or blue ink.

APPLICANT:

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

☐ Employed ☐ Unemployed ☐ Self-Employed

PROPERTY INFORMATION:

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Number of Bedrooms: _____

List every person living at your residence (including yourself)

	Name	Age	Date of Birth	Social Security Number	Relationship to Applicant
1					Applicant
2					
3					
4					
5					
6					

IMPORTANT INFORMATION

1. Do you need any assistance completing this application? ☐ Yes ☐ No If yes, please contact the office.
2. Are you currently enrolled in The Housing Choice Voucher Program (Section 8 Housing): ☐ Yes ☐ No
3. Are you currently enrolled in Public Housing ☐ Yes ☐ No
4. Was your rent current before the Covid-19 pandemic? ☐ Yes ☐ No
5. Are you able to provide documentation to prove your income has been affected by Covid-19? ☐ Yes ☐ No
6. How much is your monthly rent? _____ How much are you behind? _____
7. Did you make any partial payments toward your rent? ☐ Yes ☐ No If yes, how much? _____
8. Do you have an eviction through the District Court? ☐ Yes ☐ No If yes, when is your court date or court ordered eviction? _____

EMPLOYMENT INFORMATION: APPLICANT	
Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): $	Pay Rate:$
Number of hours worked ☐ 0-15 ☐ 16-30 ☐ 31-40	Last Date of Employment

Financial Information

Gross Income (Pre Tax **before** Covid-19) $		Disability Income $	
Gross Income (Pre Tax **After** Covid-19) $		Other Assistance $	
Other Income $		Retirement Income $	
Self-Employment $		Investment Income $	
Rental Income $		Overtime $	
Unemployment $		Non-Homeowner Income $	
Child Support $			
Total Income $			

Monthly Expenses

Monthly Rent Payment $		Phone $	
1st Car Payment $		Transportation $	
2nd Car Payment $		Insurance $	
Child Support $		Other Monthly Expenses $	
Credit Card Payments $		Monthly Tax Payments $	
Medical Payments $		Deductions $	
Groceries $		Other Mortgage Payments $	
Utilities $		Dependent Care $	

Assets

Checking Account #1 $		Other Real Estate $	
Checking Account #2 $		Retirement $	
Saving Account $		Education Savings $	
CD $		Whole Life $	
IRA $		Other Cash $	
Stocks $		Other Assets #1 $	
		Other Assets #2 $	

Liabilities

Child Support Owed $		HOA Fees Owed $	
Dependent Care Owed $		Credit Card Balances $	
Rent Owed $		Car Loan #1 Balance $	
Other Mortgage Balances $		Car Loan #2 Balance $	
Other Loan Balances $		Other Liabilities $	
Medical $			

Documents List: These documents will be requested at a later time if you are provided with an intake appointment. Please make sure to gather all documents before attending your appointment. If you do not have all requested documents, you cannot be assisted.

1. ☐ Completed application – with all documents below attached – Please use Adobe reader if using your phone
2. ☐ Documentation related to your emergency. This could be a court-ordered eviction notice, a Notice to Vacate, letter from your employer, statement from applicant explaining COVID-19 emergency etc.
3. ☐ Government-issued photo identification for household:

Household Composition	What I need to provide
• Applicant	• ID and Social Security Card
• Adults living in the home	• ID and Social Security
• Children living in the home	• Social Security

All applicants must have a government issued form of identification

4. ☐ Verification of household income from your last place of employment before the Pandemic shutdown:

Household Composition	What I need to provide
• Applicant	• Last two pay stubs and Determination letter from the Department of labor
• Adults living in the home	• Last two pay stubs and Determination letter from the Department of labor

Must provide other sources of income documentation if applicable: SSI, SSR, SSDI, PENSION, CHILDSUPPORT, CASH ASSISTANCE

5. ☐ A letter from your landlord showing the balance owed, the months owed and the landlords address, dated within 10 days
6. ☐ Documentation of assistance from other agencies if you are part of any other assistance programs: SNAP, medical assistance, Housing Authority Assistance (Section 8)
7. ☐ A signed copy of your lease- The applicant must be on the lease

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Reading Human Relations Commission to verify previous or current information regarding me/us. The undersigned specifically acknowledges(s) that: verification or re-verification of any information contained in this application may be made by the City of Reading Human Relations Commission from any source named in this application.

AGREEMENT

The undersigned understand that the intent of this application is for purposes of pre-qualifying only and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant or the City of Reading, Reading Human Relations Commission or the Community Development Department. We further understand that all information and documents provided with, and in association with this application, are public records and as such are subject to the State of Pennsylvania's public record laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application. That any property assisted under this Program will not be used for any illegal or restricted purposes, and will be used solely as my/our principal residence.

Any intentionally false or fraudulent statement, supporting document or information will constitute cancellation of this application and liability in any legal action brought against me/us by the City. The City of Reading Human Relations Commission is hereby authorized to verify any of the above information and to inspect the property prior to approval. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Reading Human Relations Human Relations Commission.

Applicant's Name (Print)	Applicant's Signature	Date
X_____	X_____	X_____
Co-Applicant's Name (Print)	Co-Applicant's Signature	Date
X_____	X_____	X_____

FOR STAFF ONLY

This application was taken by:

- o Face to face interview
- o Mail
- o Telephone
- o Internet

Staff Member: _____