Chester County Emergency Rental Assistance Program
Applicant Checklist

This checklist is to help prepare applicants for submissions to the Chester County Emergency Rental Assistance Program. Please contact 211 for intake and referral before organizing the required documents listed below. Applicants are encouraged to keep track of their application records including provider contact information and date(s).

Applicant Information
☐ Household income
☐ Household size

Landlord/Property Owner Information
☐ Name
☐ Phone
☐ Email
☐ Monthly rent
☐ Total amount of rent owed
☐ Dates owed

Utility Provider Information (skip any that are not applicable)
☐ Gas & Electric (if combined)
☐ Electric
☐ Gas
☐ Heating oil / propane
☐ Water
☐ Sewer
☐ Trash
☐ Amount owed
☐ Dates owed

Required Documents

Rental Information
☐ Copy of lease
☐ Landlord/Tenant Certification form (attached)

Utility Information
☐ Copy of utility bills showing proof of past due balances

Economic Hardship Related to COVID-19 (one of the following)
☐ Proof of Unemployment Compensation/Pandemic Unemployment Assistance
☐ Proof of reduced income due to COVID-19
☐ Proof of incurred significant costs or other related hardship due to COVID-19

Documentation of Risk of Homelessness or Housing Instability (one of the following)
☐ Eviction or past due rent notice
☐ Utility shut-off notice

Proof of Income for All Household Members (one of the following)
☐ Tax filings (i.e. 1040 form)
☐ W-2 forms
☐ Paystubs or other wage statements
☐ Bank statements demonstrating regular income (may require additional supporting documentation)
☐ Written attestation from employer stating income

Eligible applicants must be at or below 80% of area median income for Chester County:

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<th># OF PERSONS</th>
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<tr>
<td>Median</td>
<td>4 Person=$96,600</td>
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Emergency Rental Assistance Program

LANDLORD/TENANT CERTIFICATION

I CERTIFY THAT:

I am the tenant or future tenant of the residence stated below. I am at least one month in arrears of rent payment and in danger of eviction or I am a new tenant and requesting funding to gain occupancy at this location:

Address: _____________________________________________________________________________
City, State: ___________________________________________________________________________
Zip code: _______________

I acknowledge that I am applying for assistance for payment of said arrearage or occupancy. I also declare that the foregoing statements are true and correct and that false statements may be considered fraud under 18 U.S. Code CHAPTER 47.

Monthly rent: $________________                                           Rental Arrears: $ ________________
Time Period Covered __________________________________________________________________

_______________________________________  ______________________________________
LANDLORD NAME (PLEASE PRINT)                                                 RENTER NAME (PLEASE PRINT)

_______________________________________  ______________________________________
ADDRESS                                                                 ADDRESS

_______________________________________  ______________________________________
CITY AND ZIP CODE                                                                CITY AND ZIP CODE

_______________________________________  ______________________________________
PHONE NUMBER & EMAIL                                                              PHONE NUMBER & EMAIL

_______________________________________  ______________________________________
LANDLORD SOCIAL SECURITY #, TAX ID #, or DUNS #                                 RENTER SIGNATURE & DATE

_______________________________________  ______________________________________
LANDLORD SIGNATURE & DATE                                                       RENTER SIGNATURE & DATE