

Emergency Rental and Utility Relief Application Continued

Other Needed Information

The following documents are **required** when turning in your application:

- 2020 Tax return (form 1040) **or** 2 months of most recent paystubs **or** unemployment compensation statement
- Signed lease or rental agreement
- Documentation from landlord or utility provider demonstrating arrears owed for EACH month requesting assistance
- Copy of identification (government issued photo ID, driver's license, passport, birth certificate, etc.)
- Proof of residence, if not included in other required documents

Please tell us how COVID-19 has impacted you financially that threatens the household's ability to pay the costs of the rental property when due.*

- Loss of employment
- Decrease in income
- Increase in utilities
- Decrease in employment hours
- Increase in childcare costs
- Taking care of a sick family member
- Other: _____

Certification

I, _____* (consumer name), attest that my household has experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID – 19 that threaten the household's ability to pay the costs of the rental property and/or utility(s) when due and/or are eligible to receive unemployment benefits.

I, _____* (consumer name), attest that my household has not received any other rental assistance or utility assistance provided **during the same time** in which I wish to request funds from the Dauphin County Emergency Rental Assistance Program. If funds are to be found duplicated, I am responsible for paying Dauphin County back the amount they provided.

I, _____* (consumer name), attest, subject to penalties provided by law, that all information given within this application is correct, true, and complete to the best of my knowledge.

I, _____* (consumer name), understand that my social security number given will be used in the administration of this program.

I, _____* (consumer name), give permission to this program and its administrative partners to share the information contained on this application for the sole purpose of carrying out this program.

I, _____ (consumer name), authorize representatives of this program and its administrative partners to speak with the landlord and/or utility/home energy companies listed herein regarding duration of stay, rent/utility amounts, payment history, and interest in this program.

I, _____* (consumer name) state that the information set forth herein is true and correct to the best of my knowledge, information and belief, and that this statement is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Please print your name and sign below.

Printed Name*: _____ Today's Date*: _____

Signature*: _____