

**APPLICATION QUESTIONS ARE FOR REFERENCE.  
THIS IS NOT AN APPLICATION – DO NOT FILL OUT AND SUBMIT.**

## **ERAP Application Questions**

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## **APPLICANT INFORMATION**

**Are you submitting this application on behalf of someone else? \***

YES  NO

**If yes, please indicate relationship: \* *(Only required if “Yes” selected above.)***

- Family Member
- Friend
- Landlord or Property Manager
- Attorney or Legal Counsel
- Case Worker
- Community-Based Organization
- District
- Other

**Other Relationship (please explain) *(Only required if “Yes” selected above.)***

**Name of Person Completing this Application:**

**First Name \***

**Last Name \***

**Address Line 1 \***

**Address Line 2 / Unit / Apartment Number**

**City \***

**State \***

**Zip Code \***

**Phone \***

**Email \***

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APPLICANT INFORMATION

**First Name \***

**Last Name \***

**Date of Birth \***

**Age**

**Gender \***

- Male
- Female
- Non-Binary
- Other

**Other Gender: \*** *(only required if "Other" is selected above)*

**Address Line 1 \***

**Address Line 2 / Unit / Apartment Number**

**City \***

**State \***

**Zip Code \***

**Email \*** *(either phone OR email is required)*

**Phone \*** *(either phone OR email is required)*

**Mobile Number?**

YES  NO

**Do you have a social security number? \***

YES  NO

**Social Security Number** *(Only required if "Yes" selected for previous question.)*

**Do you have another form of identification? (Select one from drop-down) \*** *(Only required if "No" is selected for "Do you have a Social Security Number?")*

- Driver's License
- Taxpayer Identification Number
- Other Government-Issued Identification
- None

**Type of Other ID \*** *(Only required if "Other Government-Issued Identification" is selected.)*

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**ID Number \*** *(Only required if "Other Government-Issued Identification" is selected.)*

**Primary Language (Select one from drop-down) \***

- English
- Spanish
- Arabic
- Bengali
- Chinese
- Haitian-Creole
- Korean
- Russian
- Yiddish
- Other

**Other Language \*** *(Only required if "Other" selected above.)*

**Race \***

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Pacific Islander
- Other

**Ethnicity \***

- Hispanic  Not Hispanic

**Are you currently renting? \***

- YES  NO

**What are the current terms of your lease? \*** *(Only required if "Yes" is selected for "Are you currently renting?")*

- Annual Agreement  Month to Month  Other Agreement  Renting Lot  I don't have a lease

**Lease End Date \*** *(only required if "Annual Agreement" selected above)*

**Please explain the terms of your agreement with the landlord \*** *(only required if "Other Agreement" or "I don't have a lease" selected above)*

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**Current Employment Status \***

Unemployed  Employed  Self-Employed

**Are you a full-time student? \***

YES  NO

**Are you being claimed as a dependent on your parent's tax return? \*** *(Only required if "Yes" selected on previous question.)*

YES  NO

**Has [NAME] filed taxes for the 2020 tax year (filed taxes in 2021 for 2020)?**

YES  NO

**What tax form did you file?**

1040  1040 NR  1040 SR  1040 EZ  Other

**Other Tax Form \*** *(Only required if "Other" is selected on previous question.)*

**Enter Adjusted Gross Income (Line 11 of your tax return form, line 4 for 1040 EZ)**

**Would you like to designate an emergency/proxy contact? \***

YES  NO

**Emergency/Proxy Contact** *(The following is only required if "Yes" is selected on previous question.)*

**First Name \***

**Last Name \***

**Address Line 1 \***

**Address Line 2 / Unit / Apartment Number**

**City \***

**State \***

**Zip Code \***

**Phone \***

**Email \***

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**COVID-19 HARDSHIP**

This program requires that you or your household members must be financially impacted by COVID-19. Please fill out the sections below to tell us how COVID-19 financially impacted you or your household members.

**Have you, or any household member, received unemployment benefits at any point since March 13, 2020? \***

YES  NO

**How were you, and/or other household member(s), financially impacted by COVID-19? \***

- Reduction in Household Income
- Increased Costs
- Other

**Reduction in Income - Please select all that apply \*** *(Only required if "Reduction in Household Income" selected above.)*

- Reduced Wages
- Reduced hours
- Employment Termination
- Business Closed
- Furlough
- Receiving Unemployment
- Sick and unable to work

**Increased Costs - Please select all that apply \*** *(Only required if "Increased Costs" selected above.)*

- New or Increased Healthcare Costs
- At Home Care for someone with COVID-19
- Remote Work Expenses due to COVID-19
- Remote Learning Expenses due to COVID-19
- Increase in cost for essential items such as food, medicine, childcare, transportation, etc. as a result of COVID-19
- Purchase of Personal Protective Equipment (PPE)
- Penalties, fees and/or legal costs associated with rental or utility arrears
- Payments made by credit card or loans to avoid homelessness as a result of COVID-19

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- Alternative Transportation due to transportation limitations due to COVID-19
- Funeral Costs
- Other

**Please explain how you were financially impacted by COVID-19** \* *(Only required if “Other” selected above in the question “How were you, and/or other household member(s), financially impacted by COVID-19?”)*

**Check if any of the following circumstances apply to you or a member of your household:** \*

- is currently unemployed for at least the past 90 days
- is a veteran
- is experiencing domestic violence
- is a survivor of human trafficking
- has an eviction case related to your current residence pending in court
- resides in a mobile home or mobile home park whose arrears have accrued on the land which it is located
- lives in a building or development of 20 or fewer units
- None of the above

*\*\*“Veteran” means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.*

**When did you receive an eviction notice?** \* *(Only required if “has an eviction case...” is selected above.)*

**Has the eviction been submitted to a court?** \* *(Only required if “has an eviction case...” is selected above.)*

**Court Case Number** *(Only required if “Yes” selected for “Has the eviction been submitted to a court?”)*

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## **HOUSEHOLD MEMBERS**

**Are there additional household members that are currently living with you in the unit? \***

YES  NO

**Including yourself, how many total household members are living in the unit? \* *(Only required if "Yes" is selected in previous question.)***

**First Name \***

**Last Name \***

**Date of Birth \***

**Age**

**Gender \***

- Male
- Female
- Non-Binary
- Other

**Other Gender: \* *(Only required if "Other" is selected above.)***

**Relationship \***

- Spouse
- Domestic Partner/Civil Union
- Child/Other Youth
- Other Adult
- Undisclosed

**Does this household member have a social security number? \***

YES  NO

**Social Security Number *(Only required if "Yes" is selected for "Does this household member have a social security number?")***

**Does this household member have another form of identification? \***

- Driver's License
- Taxpayer Identification Number
- Other Government-Issued Identification
- None



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**Type of Other ID \*** *(Only required if “Other Government-Issued Identification is selected.)*

**ID Number \*** *(Only required if “Other Government-Issued Identification is selected.)*

**Race \***

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Pacific Islander
- Other

**Ethnicity \***

- Hispanic
- Not Hispanic

**Email**

**Re-enter your email address**

**Phone**

**Current Employment Status \***

- Unemployed
- Employed
- Self-Employed

**Are you a full-time student? \*** *(Only asked of adult household members.)*

- YES
- NO

**Are you being claimed as a dependent on your parent's tax return? \*** *(Only required if “Yes” selected on previous question.)*

- YES
- NO

**Has this member filed taxes for the 2020 tax year (filed taxes in 2021 for 2020) separately from the applicant?**

- YES
- NO

**What tax form did they file?**

- 1040
- 1040 NR
- 1040 SR
- 1040 EZ
- Other

**Other Tax Form \*** *(Only required if “Other” is selected on previous question.)*

**Enter Adjusted Gross Income (Line 11 of your tax return form, line 4 for 1040 EZ)**

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**INCOME**

**Does any household member have income? \***

YES  NO

**IMPORTANT**

The following types of income are excluded under this program. Please do not submit income information for the following income types:

- Foster care payments
- Public Assistance
- Sporadic gifts
- Groceries provided by persons not living in the household
- Supplemental Nutrition Assistance Program (SNAP) benefits
- Home Energy Assistance Program (HEAP) benefits
- Earned Income Tax Credit (EITC)

**I hereby certify that I and the members of my household do not receive income from any source, including the sources below. \* (Only required if “No” is selected for the previous question.)**

YES  NO

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits
- Unemployment or disability payments
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
- Any other source not named above

**Are you or a member of your household in receipt of recurring Public Assistance (either Family Assistance or Safety Net Assistance), Supplemental Nutrition Assistance Program (SNAP) benefits, or Code A Supplemental Security Income (SSI)? \***

YES  NO

**Are you or a member of your household in receipt of recurring Medicaid or any type of Supplemental Security Income (SSI)? \***

YES  NO

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Household Income *(This section is required if “Yes” is selected above for the question “Does any household member have income?”)*

Please provide the following income information for all household members over the age of 18.

Important: Applicants whose household income exceeds 80% of the Area Median Family Income are not eligible to receive a subsidy under the Covid-19 Emergency Rental Assistance Program and their application for assistance will automatically be denied.

Applicants who do not agree with the denial determination may request an administrative review.

**Type of Income \***

- Employment
- Unemployment
- Child Support
- Other Fixed Income
- Self-Employment
- Other Income

**Other (Please Explain) \*** *(Only required if “Other Income” or “Other Fixed Income” is selected from the drop-down above.)*

**Frequency of Income \***

- Daily (every day)
- Weekly (once a week)
- Every other week
- Twice a month
- Monthly
- Annually (once a year)

**Amount \***

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**LEASE**

Please provide the following information regarding your lease.

**Property Address** *(comes in pre-populated)*

**Lease Terms** *(comes in pre-populated)*

**When did your lease begin or when did you or any household member begin paying rent? \***

**Monthly Rental Amount \***

**Type of House/Apartment \***

- Apartment
- Duplex
- Single Family Detached / House
- Semi-Detached / Row House
- Single Room Occupancy
- Lot Rent / Mobile Home

**Bedrooms \***

- Studio
- 1 Bedroom
- 2 Bedrooms
- 3 Bedrooms
- 4 Bedrooms
- 5 Bedrooms
- 6 Bedrooms
- 7 Bedrooms
- 8 Bedrooms

Is your unit one of the following:

- Rent Controlled
- Rent Regulated
- Mitchell-Lama
- Section 8

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- Public Housing
- Other Subsidy
- Not Applicable

**If other, please describe**

**Tell us about your leasing arrangement \***

- Renting entire unit from owner
- Sub-leasing entire unit
- Renting a room from the owner
- Renting Lot

Owner *(If "Renting entire unit from owner" or "Renting a room from the owner" is selected above.)*

First Name \*

Last Name \*

Address Line 1

Address Line 2 / Unit / Apartment Number

City

State

Zip Code

Email \* *(either phone OR email is required)*

Phone \* *(either phone OR email is required)*

Sub-Lease *(If "Sub-leasing entire unit" is selected above.)*

First Name

Last Name

Address Line 1

Address Line 2 / Unit / Apartment Number

City

State

Zip Code

Email

Phone

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**RENT ARREARS**

Please enter the amount of past due rent that you currently still owe for the months listed below. If you do not owe any past due rents for any of the months below, enter \$0.00.

You will be required to provide supporting documentation that reflects the amounts reported on this application.

March 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
April 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
May 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
June 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
July 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
August 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
September 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
October 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
November 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
December 2020	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
January 2021	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
February 2021	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
March 2021	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
April 2021	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
May 2021	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$
June 2021	Regular Monthly Rent \$	Amount Past Due \$	Late or other Fees \$

**Do you or any member of your household need assistance paying for future rents? \***

You may be able to get help for months of rent up to 3 months in the future (if funding is available and you are determined to be paying 30% or more of your gross monthly income towards rent).

YES  NO

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**How many months of future assistance do you or any member of your household need? \***  
*(Only required if “Yes” is selected in previous question.)*

-1 Month

-2 Months

-3 Months

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**UTILITIES**

**Do you or any member of your household need assistance with utilities? \***

YES  NO

**Do you or any member of your household pay separately for heat? \*** *(Only required if response to first question is "Yes".)*

YES  NO

**Do you or any member of your household pay separately for gas? \*** *(Only required if response to first question is "Yes".)*

YES  NO

**Do you or any member of your household owe gas arrears? \*** *(Only required if response to preceding question is "Yes".)*

YES  NO

**Do you or any member of your household pay separately for electric? \*** *(Only required if response to first question is "Yes".)*

YES  NO

**Do you or any member of your household owe electric arrears? \*** *(Only required if response to preceding question is "Yes".)*

YES  NO

Please provide the names of your utility providers below.

**Gas Company \*** *(Only required if applicant indicates they owe gas arrears.)*

**Account Number \*** *(Only required if applicant indicates they owe gas arrears.)*

**Whose name is the gas bill under? \*** *(Only required if applicant indicates they owe gas arrears.)*

Myself/Applicant Only

Other household member

Someone outside the household

**Person's Name on the Gas Bill \*** *(Only required if applicant indicates they owe gas arrears and "Other household member" or "Someone outside the household" is selected on "Whose name is the gas bill under".)*

March 2020	Amount Billed \$	Amount Past Due \$
April 2020	Amount Billed \$	Amount Past Due \$
May 2020	Amount Billed \$	Amount Past Due \$
June 2020	Amount Billed \$	Amount Past Due \$
July 2020	Amount Billed \$	Amount Past Due \$



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August 2020	Amount Billed \$	Amount Past Due \$
September 2020	Amount Billed \$	Amount Past Due \$
October 2020	Amount Billed \$	Amount Past Due \$
November 2020	Amount Billed \$	Amount Past Due \$
December 2020	Amount Billed \$	Amount Past Due \$
January 2021	Amount Billed \$	Amount Past Due \$
February 2021	Amount Billed \$	Amount Past Due \$
March 2021	Amount Billed \$	Amount Past Due \$
April 2021	Amount Billed \$	Amount Past Due \$
May 2021	Amount Billed \$	Amount Past Due \$
June 2021	Amount Billed \$	Amount Past Due \$

**Electric Company** \* (Only required if applicant indicates they owe electricity arrears.)

**Account Number** \* (Only required if applicant indicates they owe electricity arrears.)

**Whose name is the electric bill under?** \* (Only required if applicant indicates they owe electricity arrears.)

- Myself/Applicant Only
- Other household member
- Someone outside the household

**Person's Name on the Electric Bill** \* (Only required if applicant indicates they owe electricity arrears and "Other household member" or "Someone outside the household" on is selected on "Whose name is the electric bill under".)

March 2020	Amount Billed \$	Amount Past Due \$
April 2020	Amount Billed \$	Amount Past Due \$
May 2020	Amount Billed \$	Amount Past Due \$
June 2020	Amount Billed \$	Amount Past Due \$
July 2020	Amount Billed \$	Amount Past Due \$
August 2020	Amount Billed \$	Amount Past Due \$
September 2020	Amount Billed \$	Amount Past Due \$
October 2020	Amount Billed \$	Amount Past Due \$
November 2020	Amount Billed \$	Amount Past Due \$
December 2020	Amount Billed \$	Amount Past Due \$
January 2021	Amount Billed \$	Amount Past Due \$
February 2021	Amount Billed \$	Amount Past Due \$
March 2021	Amount Billed \$	Amount Past Due \$
April 2021	Amount Billed \$	Amount Past Due \$
May 2021	Amount Billed \$	Amount Past Due \$
June 2021	Amount Billed \$	Amount Past Due \$

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**PRIOR AND CURRENT RENTAL ASSISTANCE**

You or any member of your household may receive rental assistance if you or any household member are on Section 8, HOPWA, or another Public Housing Program. The rental assistance will not be more than the amount you or any household member are required to pay.

It may be required to show evidence of the rent that you or any member of your household pay.

Please give us the following information about the housing benefit you or any member of your household are getting.

**Do you or any member of your household live in federal or state subsidized housing? \***

YES  NO

**Is the amount you or any household member pay in rent limited to a set percentage of your income (for example 30%)? \*** *(Only required if answer to previous question is "Yes".)*

YES  NO

**Since March 2020, have you gotten or are you receiving Section 8, HOPWA, or another Public Housing benefit? \***

YES  NO

**Program Type \*** *(Only required if answer to previous question is "Yes".)*

Housing Choice Voucher (Section 8 Voucher)

Public Housing

Project Based Section 8

HOPWA

Other

**Please provide the name of the other program \*** *(Only required if answer to previous question is "Other".)*

**When did your benefits start? \*** *(Only required if answer to "Since March 2020..." question is "Yes".)*

**Have your benefits ended? \*** *(Only required if answer to "Since March 2020..." question is "Yes".)*

YES  NO

**When did your benefits end? \*** *(Only required if answer to previous question is "Yes".)*

**How much do you and any household members pay towards your rent? \*** *(Only required if answer to "Since March 2020..." question is "Yes".)*

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You must report all assistance that you or any household member have applied for or have received from the following programs. This can also include assistance for paying back rent (arrears):

- Public Assistance
- COVID Rent Relief Program (COVID RRP)
- Family Homelessness & Eviction Prevention Supplement (FHEPS)
- City Fighting Homelessness & Eviction Prevention Supplement (CityFHEPS)
- Senior Citizen Rent Increase Exemption (SCRIE)
- Disability Rent Increase Exemption (DRIE)
- HIV/AIDS Services Administration (HASA)
- Other program / assistance

**Have you or any member of your household applied for or received assistance in paying for back rent (arrears) that you or any member of your household owe from any of the above programs? \***

YES  NO

**Select all that apply. \*** *(Only required if answer to previous question is “Yes”.)*

- Public Assistance
- COVID Rent Relief Program (COVID RRP)
- Family Homelessness & Eviction Prevention Supplement (FHEPS)
- City Fighting Homelessness & Eviction Prevention Supplement (CityFHEPS)
- Senior Citizen Rent Increase Exemption (SCRIE)
- Disability Rent Increase Exemption (DRIE)
- HIV/AIDS Services Administration (HASA)
- Other program / assistance

**Name of agency/program I/we received assistance from \*** *(Only required if answer to previous question is “Other program / assistance”.)*

**Does any person outside your household or any agency/organization help you or any household member pay your monthly rent? \***

YES  NO

**Monthly Amount Paid \*** *(Only required if answer to previous question is “Yes”.)*

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## **COMMUNICATION PREFERENCES**

**How would you like to get notices about your application? \***

Email  Text Message/SMS  Send me paper notices in the mail

*Message and data rates may apply if you agree to getting text messages. (Message only appears if "Text Message/SMS" is selected above.)*

**Preferred language for written communications: \***

- English
- Spanish
- Arabic
- Bengali
- Chinese
- Haitian-Creole
- Korean
- Russian
- Yiddish

**Do you require an interpreter? \*** *(Only required if answer to previous question is anything other than "English".)*

YES  NO

**Do you require notices in alternative format? \***

YES  NO

**Alternative Format \*** *(Only required if answer to previous question is "Yes".)*

- Braille
- Audio file (CD)
- Data format (screen-reader accessible file on CD)
- Large print

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**APPLICANT CERTIFICATION**

I attest that I rent the property located at [ADDRESS] as my primary residence and that I am obligated to pay rent. I attest that the income information and rental amounts reported on this application are true and correct. I attest that I, or my household members, have experienced a financial impact due to the COVID-19 pandemic on or after March 13, 2020. I attest that I have not received, and no member of my household has received or anticipates receiving another source of public or private benefits or assistance for the rental and/or utility amounts I am requesting on this application. I attest that I or a member of my household has received unemployment benefits or has experienced a reduction in income, incurred significant costs, or experienced other financial hardship on or after March 13, 2020 due to Covid-19.

I understand that by submitting this application, I consent to any investigation to verify or confirm the information I have given in connection with my application for the ERAP. If additional information is requested, I will provide it. I will also cooperate fully with any state, federal, local, or other authorized personnel in any ERAP quality control review. I understand and agree that if I fail to disclose all income or rent payments I've received, I may be held responsible for repaying New York State the full amount of any ERAP benefits received improperly, plus any interest charges. I understand that I may be subject to civil or criminal prosecution if I knowingly provide false information.

I understand that if I have a social security number (SSN), I must provide it, and that collection of my SSN is authorized pursuant to 42 U.S.C. § 405 and U.S. Treasury policy. I understand and agree that the information collected on this application, including my SSN and the SSNs of other household members, will be used to determine whether my household is eligible or continues to be eligible for assistance or benefits.

The information I have provided on my ERAP application and documents I have provided, will be used to check identity and may be disclosed or re-disclosed to verify earned and unearned income and other assistance received for myself and other household members, and to determine if applicants can receive payments or other help. I understand and agree that the NYS Office of Temporary and Disability Assistance, its contractors, agents, and subcontractors (hereinafter "OTDA") will verify this information through all means OTDA determines necessary, including, but not limited to, computer matching programs; and that information obtained through these matches may be used or disclosed to verify the information I provide, including but not limited to my income and the income of other household members as well as other assistance I or other members of my household may have received. I understand that this information will also be used for program management.

OTDA will use the information and documents I have provided to determine my household's ERAP eligibility and to prepare statistics about all of the people receiving benefits from ERAP. I consent to any investigation to verify or confirm the information I have given and other investigations by any authorized government agency in connection with ERAP utility benefits. I also consent to allow the information provided on this application to be used in program reporting, referrals to available weatherization assistance programs, my utility company's low-income programs, and for utility Covid-19 debt relief credit.

I understand that OTDA will use my SSN to verify with my home energy vendors (including my utility), arrears owed and the receipt of ERAP utility assistance. This authorization also includes permission for any of my home energy vendors (including my utility) to release account

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information and certain statistical information, including but not limited to, my annual electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost, arrears owed, and payment history, to OTDA, the social services district, the NYS Department of Tax and Finance, the NYS Department of Public Service, the NYS Public Service Commission, the U.S. Department of Health and Human Services, and the U.S. Department of the Treasury.

I give my consent for OTDA or other state, federal, local, or other authorized personnel to record, store, access, and utilize the information provided on this application and any documents that I have provided, as well as information provided in any conversations, texts, or other means of communication with OTDA or other state, federal, local, or other authorized personnel. I understand and agree that OTDA or other state, federal, local, or other authorized personnel may investigate my application and will verify all information provided using any available sources, including, but not limited to, State systems and databases as well as with local and federal sources, as well as through collateral contacts. I also understand that information OTDA obtains may affect my eligibility for the ERAP and/or the amount of assistance I receive from ERAP.

I authorize OTDA to request, obtain and utilize income and payment verification, salary, wages, and other sources of earned and unearned income from federal, state and local government entities and other available sources for myself and any member of my household for whom I can legally give authorization. Verification may include, but shall not be limited to: information regarding unemployment insurance payments, federal and state tax information, wage information, rental subsidy payments, public assistance payments, Supplemental Nutrition Assistance Program (SNAP) grants, Home Energy Assistance Program (HEAP) grants, Housing Choice Voucher (Section 8) benefits or other subsidized housing programs, supplemental security income (SSI) information, state supplement program information (SSP), self-employment income, retirement income, child support information and payments, payments pursuant to the CARES Act, payments pursuant to the Community Development Block Grant, Emergency Solutions Grant payments, confirmation of eligibility for and receipt of federal disability benefits and other federal, state and local benefits and subsidies. I consent for any entity in possession of such information to disclose it to OTDA and for such information to be re-disclosed as necessary to conduct additional verification, and as otherwise needed for program administration.

I consent to the NYS Homes and Community Renewal (HCR) and/or the federal Department of Housing and Urban Development sharing information about any rental assistance payments that I or any member of my household, for whom I can legally give authorization, have received, information about current receipt of Housing Choice Voucher (Section 8) benefits or other subsidized housing programs, residence in public housing, and any other information which may be necessary to confirm eligibility for ERAP. I authorize the NYS Department of Labor (DOL) to release any confidential information maintained by DOL to OTDA and social services districts. This information may include unemployment benefit claims and wage records. I understand that OTDA, may use the unemployment information for establishing or verifying eligibility for, and the amount of, ERAP benefits applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

I also consent to OTDA, social services districts, and other entities disclosing, sharing and utilizing information regarding public assistance, SNAP, HEAP, SSI/SSP, other benefits or supplements and child support information and payments that I or any member of my

**APPLICATION QUESTIONS ARE FOR REFERENCE.  
THIS IS NOT AN APPLICATION – DO NOT FILL OUT AND SUBMIT.**

household, for whom I can legally give authorization, may have received for purposes of verifying my eligibility for ERAP, and I expressly consent to the release by any agency of any of my personal data, tax information or otherwise, that is necessary to verify the information contained in this application.

I expressly consent to the release of information provided on this application or pertaining to my eligibility for ERAP to any entity necessary for ERAP administration including, but not limited to, social services districts, other local agencies or entities, the U.S. Treasury, and the Internal Revenue Service. I also consent to the release and use of information provided on this application or pertaining to my eligibility for ERAP to any other entity to avoid duplication of benefits. Information provided on this application or discovered through verification may be disclosed to other state, federal, and local agencies for official examination and to law enforcement officials for the purpose of investigating or prosecuting fraud. If a claim arises against my household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

I understand that OTDA will share my contact information and information related to rent costs and arrears owed with my landlord, as necessary to determine eligibility for this program. Personal information such as social security numbers will not be shared with landlords and I expressly consent to OTDA sharing any other information I provided on this application deemed necessary to determine my eligibility, and the status of the application with my landlord.

I understand and agree that by providing a phone number or cellular phone number in this application or requesting to be contacted through SMS/MMS/text messages, that OTDA may use that number to call, send text messages, or leave voice messages related to ERAP. Standard text messaging and data rates from the wireless carrier may apply. Any costs related to receiving calls or a text message are the responsibility of the individual receiving them. NYS and its agents are not responsible for and will not accept or assume any liability for damages, losses, claims, expenses, or costs including, but not limited to, voice, text, and data costs that may result from, or be related to, your application for ERAP. Check with your phone service provider for details on receiving calls or text messages (SMS/MMS). Text messages or calls may be sent or made using an automatic telephone dialing system.

I have read and understand the notice above and agree to the authorizations and consents therein. I agree, and it is my intent, to sign this application by typing my name below and by electronically submitting this application to OTDA using this electronic application. I understand that my signing and submitting this application in this fashion is the legal equivalent of having placed my handwritten signature on the application and this affirmation. I understand and agree that by electronically signing and submitting this application in this fashion I am affirming the truth of the information contained herein.

**I attest and hereby certify under penalty of perjury that all information and responses I have provided are true, complete, and correct \***

YES  NO

**Signature**