

Lancaster County Emergency Rental Assistance Program (ERAP)

2023 Continued Assistance Information Sheet

Lancaster County residents who previously received Lancaster County's Emergency Rental Assistance Program (ERAP) can apply for additional assistance according to program guidelines (found at lancasterhelp.rent). County residents who have previously received assistance can apply for up to 12 months of assistance total for arrears. These 12 months will include all assistance received from ERAP before 2023.

NOTE: If you have received at least 12 months of assistance as of December 31st 2022, you have reached your maximum assistance and are ineligible to apply for continued assistance.

To apply for continued assistance, please complete the attached Certification & Request for Continued Assistance. Please read the questions carefully. In order to be eligible, you must have a documented threat of eviction. The certification form will direct you to submit documentation as it applies.

Recent income documentation is required unless you qualified with a 2020 IRS form 1040 when you were initially determined eligible for ERAP.

INSTRUCTIONS

1. Complete the Certification & Request for Continued Assistance.
2. Gather Supporting Documentation needed for review of your request.
3. Log into your account at assistancecheck.com to submit documents.

NOTE: In your account, use Send Document to start a new request so there is proper notification for your caseworker.

- This completed application
- Your threat of eviction
- Supporting documents for income verification

FOR HELP WITH APPLICATION

For further assistance with submission, please seek assistance from one of the partnering agencies listed at lancasterhelp.rent. For general questions, please contact the helpline at (717) 590-3101.

Lancaster County Emergency Rental Assistance Program

Certification & Request for Continued Assistance

(Eviction-prevention arrears)

Please read carefully and answer each question. Blank questions will require clarification and will delay your request for assistance.

I. Applicant Information (Head of Household)

Full Name:

Current Street Address:

City: State: Zip Code:

Best Phone # to reach you:

Email:

II. Lease / Property Information:

1. Landlord/Property Management Company:
 - a) Email:
 - b) Phone #:

2. Has your lease been renewed/updated since original application?

Yes – complete the following No

 - Submit new fully executed lease by uploading into assistancecheck.com

3. Have you moved since your most recent ERAP application?

Yes – complete the following No

 - Submit new fully executed lease by uploading into assistancecheck.com

III. Household and Income Information:

1. List all current household members on the table below.

Household Members	
Name	Age

Household Members	
Name	Age

2. Did your household previously submit 2020 IRS 1040 Tax Return to ERAP?

Yes – move on to the next question No – complete table below

Complete the table below and submit most recent income verification for each adult household member listed above by uploading into assistancecheck.com. Acceptable forms of verification include:

- 2 most recent paystub(s)
- Most recent bank statement
- Letter from employer
- Statement of Benefits for Social Security, Retirement, other (if not submitted originally)
- Attestation of Zero Income (see below)

Household Member Name:		
Income Source	Frequency (weekly, biweekly)	Gross Amount (before taxes)
Household Member Name:		
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Household Member Name:		
Income Source	Frequency (weekly, biweekly)	Gross Amount (before taxes)
Household Member Name:		
Income Source	Frequency (weekly, biweekly)	Gross Amount (before taxes)

Zero Income Attestation – (If Applicable)

I, _____, hereby certify that the following adult household members currently have no source of income: _____

The Household Members listed above do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b. Income from operation of a business
- c. Rental income from real or personal property

- d. Interest or dividends from assets
- e. Social security payments, annuities, insurance policies, retirement funds, pensions or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- i. Sales from self-employed resources (Avon, Mary Kay, Tupperware, etc.)
- j. Any other source not named above

IV. Rent Request and Threat of Eviction

- a. Monthly Rent Amount \$
- b. For the following months:
- c. Threat of Eviction

Please submit through assistancecheck.com a copy of any of the following documentation of Threat of Eviction:

- Written Notice to Quit
- Landlord/Tenant Complaint
- Notice of Scheduled Hearing
- Notice of Judgement
- Order for Possession
- Written Notice of Non-Renewal of Lease

V. COVID Attestation

I, _____, hereby certify that my household continues to lack sufficient resources to pay rent because of the COVID-19 emergency. Ongoing assistance is needed for my household and no additional funding sources are available.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I certify that I have not already been provided rental assistance, through another provider or any other program, that covers the costs requested in this form.

The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household

Date

VI. Final Checklist

1. Log into your account at assistancecheck.com to submit documents.
 - This completed application
 - Your threat of eviction
 - Supporting documents for income verification

NOTE: In your account, use Send Document to start a new request so there is proper notification for your caseworker.

2. If you have received 6+ months of assistance from ERAP:
 - Complete the financial worksheet below
 - Complete a financial counseling session with Tenfold or a partner organization

Financial Worksheet

Continued assistance requires a financial counseling session if the household has received 6 or more months of assistance through ERAP. Please complete the following worksheet by recording your estimated monthly expenses. Those who have exceeded 6 months of assistance may be directed to a Lancaster County Eviction Prevention Network partner for financial counseling prior to assistance. The purpose is to assist with a plan for continued sustainability upon completion of the ERAP program.

Utilities			
Electricity	\$	Water / Sewer	\$
Heat (Gas / Oil)	\$	Trash	\$
Telephone (Cell)	\$	Cable (Satellite / Bundle)	\$
Internet	\$	Other Utility	\$
Transportation			
Car Payment	\$	Car Insurance	\$
Gas	\$	Cart Maintenance	\$
Public Transportation	\$	Other	\$
Food			
Groceries	\$	Dining Out	\$
Work/School Lunches	\$	Baby Food / Formula	\$
Health/Medical			
Health Insurance	\$	Children's Health Insurance	\$
Prescription Copays	\$	OTC / Vitamins	\$
Dental / Eye care	\$	Other	\$
Personal			
Household products	\$	Toiletries / Hygiene	\$
Baby Supplies	\$	Hair / Nail Care	\$
Alcohol / Cigarettes	\$	Clothes	\$
Pets	\$	Other	\$
Entertainment/Activities/Gifts			
Newspaper subscription	\$	Memberships	\$
Sports / Leisure	\$	School Activities	\$
Gifts / Donations	\$	Vacations / Trips	\$

I, _____, hereby acknowledge that in order to receive assistance for additional months a financial counseling session may be required prior to receiving rent assistance through the Lancaster County Emergency Rental Assistance Program.

Signature of Applicant / Head of Household

Date