



831 Walnut Street
 Reading PA 19601
 Phone: 610-372-7222
 Fax: 610-372-7223
 Apps@bceh.org

**BERKS COUNTY
 EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)**

Landlord Application

Before proceeding, it is recommended that both parties discuss and agree that they are both willing and able to uphold eligibility criteria.

Eligibility Criteria for Tenant:

1. Valid Photo Identification for the tenant applying.
2. Must be a Berks County resident living in a rental property located in Berks County PA.
3. Provide a fully executed "lease agreement" or "room rental agreement" where the lease/room agreement has the tenant applicant's name (s) and the person (s) responsible for paying monthly rent.
4. Only one application is permitted per residential property address.
5. All tenant applicants will need to communicate with their landlord(s) and/or property management company to get his/her/their support to participate, complete the "Landlord Application", and submit all required documentation for the Berks County Emergency Rental Assistance Program.
6. The projected annual household income must fall below the following income limits per household size*:

Household Size	1	2	3	4	5	6	7	8
Income 80%	\$44,050	\$50,350	\$56,650	\$62,900	\$67,950	\$73,000	\$78,000	\$83,050

Eligibility Criteria for Landlord: Must provide a completed W-9 Form, copy of a cancelled check, **or** the completed form for electronic payment processing and a recent copy of the tenant's rent payment history (ledger) etc. including any late fees or associated court costs.

Landlord General Information

Please provide the following information.

Landlord Name (as appears on W9): _____

Landlord Address (as appears on W9): _____

City: _____ State: _____ Zip code: _____

Landlord Telephone Number: _____

Landlord Email: _____

Alternate Landlord Contact

(If applicable)

Alternate Contact/Property Manager Name: _____

Alternate Contact Telephone Number: _____

Alternate Email Address if different from above: _____

Payment Information

(REQUIRED)

Name of Banking/Financial Institution: _____

Account
Name: _____

Routing
Number: _____

Account
Number: _____

Type of
Account: _____

Tenant(s) Information

Please provide the following contact information for the Tenant and property you would like to participate in the Berks County Emergency Rental Assistance Program.

ONLY list one tenant per household.

TENANT

Tenant Name:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: PA Zip code: _____

Email: _____ Phone Number: _____

Tenant Monthly Contract Rent \$ _____

TENANT

Tenant Name:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: PA Zip code: _____

Email: _____ Phone Number: _____

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Tenant Monthly Contract Rent \$ _____

TENANT

Tenant Name:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: PA Zip code: _____

Email: _____ Phone Number: _____

Tenant Monthly Contract Rent \$ _____

Required Documents

_____ Completed and signed IRS W-9 FORM using the EIN/SSN.

____ Ledger for tenant(s).

TERMS AND CONDITIONS

***Each statement must be checked to certify**

____ I am the landlord, or I am legally authorized to submit this application on behalf of the Landlord. Pursuant to such legal authority, I hereby certify that:

- The Landlord understands and hereby permits Berks County ERAP to share the information provided in this application with other agencies and community partners to avoid duplication of services regarding other rental programs for which either the Landlord or Applicant may have received funding.
- The Landlord agrees to provide any documentation needed to assist in determining eligibility and is aware that all information and documents provided, except as exempted pursuant to law, shall be subject to public release pursuant to the public records laws of the Commonwealth of Pennsylvania.

____ I certify that the rental unit occupied and leased by the Tenant meets the code standards of the municipality in which it is located.

____ I certify that I am familiar with the rental arrangement between the Tenant and Landlord and that the application information provided on behalf of the Landlord is true and accurate to the best of my knowledge.

____ I am aware that any payment that may be provided to the Landlord by Berks County on the Tenant's behalf through this ERAP will be made by use of federal funds and, therefore, I understand that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

____ I understand that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise pursuant to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Print Name: _____

Signature: _____ Date: _____

Name: _____

By signing below, I certify that I am granting permission to the Berks Coalition to End Homelessness to collect, submit needed documentation, collect utility billing & arrears information (if applicable) & electronically sign the Berks Emergency Rental Assistance Application on my behalf if needed in order to help determine my eligibility for funding.

Signature: _____

Date: _____