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## BERKS COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)

### Eligibility Criteria for **Tenant**:

1. Valid Photo identification for you as the tenant applying.
2. Must be a Berks County resident living in a rental property located in Berks County.
3. Provide a fully executed “lease agreement” or “room rental agreement” where the lease/room rental 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

Note: Funds may be approved for tenant applicants for up to twelve (12) months of rent and utility assistance, and payments will be made directly to landlords and/or utility companies on behalf of the tenant applicant(s).

## Applicant Information

Please provide the following information. The Tenant/Applicant must be on the "lease agreement" or "room rental agreement".

(Please Print legibly)

1. Applicant First Name: \_\_\_\_\_  
Applicant Middle Name: \_\_\_\_\_  
Applicant Last Name: \_\_\_\_\_  
Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
2. Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: PA Zip code: \_\_\_\_\_
3. Day Time Telephone number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_
4. Email address: \_\_\_\_\_

## Demographic information:

**Race:** (Please Check One)

- Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native  
 White  
 Asian  
 Black or African American  
 Refuse to Answer

**Ethnicity:** (Please Check One)

- Hispanic/ Latina/ Latino  
 Non- Hispanic  
 Refuse to Answer

**Gender:** (Please check one)

- Male  
 Transgender (male to female)  
 Other
- Female  
 Transgender (female to male)  
 Refuse to Answer

**If currently employed, please fill out:**

Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do you currently have income from any source? (Please check one)

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you or been approved for unemployment compensation benefits (since April 2020 to the present) ? (Please check one) \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, for how long has the individual been receiving unemployment compensation? (Please check one) \_\_\_\_\_ 1- 89days \_\_\_\_\_ 90 days or longer

If yes, How much is your weekly Pennsylvania benefit amount? \$ \_\_\_\_\_

Do you receive any of the following: ( Please check all that apply)

\_\_\_\_\_ Social Security Income                      2021 Amount per month \$ \_\_\_\_\_

\_\_\_\_\_ Social Security Disability Income                      2021 Amount per month \$ \_\_\_\_\_

\_\_\_\_\_ Retirement/Pension                      2021 Amount per month \$ \_\_\_\_\_

Are you currently receiving any work/employ payments? (e.g. uber, doordash, insta cart personal shopper, hospitality worker, salon worker etc.) (Please check one).

\_\_\_\_\_ YES \_\_\_\_\_ NO    If yes, approximately how much per week? \$ \_\_\_\_\_

**Additional Adult Household Member**

**(over the age of 18 as of the date of the application)**

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name : \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

If currently employed please fill out:

**Employer:**

Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do you currently Have income from any source? (Please check one)

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you or been approved for unemployment compensation benefits (since April 2020 to the present) ? (Please check one) \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, for how long has the individual been receiving unemployment compensation? (Please check one) \_\_\_\_\_ 1-89days \_\_\_\_\_ 90 days or longer

If yes, How much is your weekly Pennsylvania benefit amount? \$ \_\_\_\_\_

Do you receive any of the following: ( Please check all that apply)

\_\_\_\_\_ Social Security Income 2021 Amount per month \$ \_\_\_\_\_

\_\_\_\_\_ Social Security Disability Income 2021 Amount per month \$ \_\_\_\_\_

\_\_\_\_\_ Retirement/Pension 2021 Amount per month \$ \_\_\_\_\_

Are you currently receiving any work/employ payments? (e.g. uber, doordash, insta cart personal shopper, hospitality worker, salon worker etc.) (Please check one).

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, approximately how much per week? \$ \_\_\_\_\_

**Demographic information:**

**Race:** (Please Check One)

- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- White
- Asian
- Black or African American
- Refuse to Answer

**Ethnicity:** (Please Check One)

- Hispanic/ Latina/ Latino
- Non- Hispanic
- Refuse to Answer

**Gender:** (Please check one)

- Male
- Transgender (male to female)
- Other
- Female
- Transgender (female to male)
- Refuse to Answer

**Additional Adult Household Member**

**(over the age of 18 as of the date of the application)**

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

If currently employed, please fill out:

**Employer:** \_\_\_\_\_

Start date: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do you currently Have income from any source? (Please check one)

- YES
- NO

Have you received or been approved for unemployment compensation benefits (since April 2020 to the present)? (Please check one).  YES  NO

If yes, for how long has the individual been receiving unemployment compensation? (Please check one)  1-89days  90 days or longer

If yes, how much is your weekly Pennsylvania benefit amount? \$ \_\_\_\_\_

Do you receive any of the following: (Please check all that apply)

Social Security Income 2021 Amount per month \$ \_\_\_\_\_

Social Security Disability Income 2021 Amount per month \$ \_\_\_\_\_

Retirement/Pension 2021 Amount per month \$ \_\_\_\_\_

Are you currently receiving any work/employ payments? (e.g. uber, door dash, insta cart personal shopper, hospitality worker, salon worker etc.)(Please check one)

YES  NO If yes, approximately how much per week? \$ \_\_\_\_\_

### **Demographic information:**

**Race:** (Please Check One)

**Ethnicity:** (Please Check One)

Native Hawaiian or Pacific Islander

Hispanic/ Latina/ Latino

American Indian or Alaska Native

Non- Hispanic

White

Refuse to Answer

Asian

Black or African American

Refuse to Answer

**Gender:** (Please check one)

Male

Female

Transgender (male to female)

Transgender (female to male)

Other

Refuse to Answer

**Ask for additional "Household Member" forms or make copies if needed**

## Additional Child Household Members

(anyone under the age of 18 as of the date of the application)

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name : \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### Demographic information:

**Race:** (Please Check One)

**Ethnicity:** (Please Check One)

**Gender** (Please Check One)

\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_ Hispanic/ Latina/ Latino

\_\_\_\_ Male

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Non- Hispanic

\_\_\_\_ Female

\_\_\_\_ White

\_\_\_\_ Refuse to Answer

\_\_\_\_ Transgender (male to female)

\_\_\_\_ Asian

\_\_\_\_ Transgender (female to male)

\_\_\_\_ Black or African American

\_\_\_\_ Other

\_\_\_\_ Refuse to Answer

\_\_\_\_ Refuse to Answer

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name : \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### Demographic information:

**Race:** (Please Check One)

**Ethnicity:** (Please Check One)

**Gender** (Please check one)

\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_ Hispanic/ Latina/ Latino

\_\_\_\_ Male

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Non- Hispanic

\_\_\_\_ Female

\_\_\_\_ White

\_\_\_\_ Refuse to Answer

\_\_\_\_ Transgender (male to female)

\_\_\_\_ Asian

\_\_\_\_ Transgender (female to male)

\_\_\_\_ Black or African American

\_\_\_\_ Other

\_\_\_\_ Refuse to Answer

\_\_\_\_ Refuse to Answer

## Additional Child Household Members

(anyone under the age of 18 as of the date of the application)

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name : \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### Demographic information:

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**Gender** (Please check one)

\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_ Hispanic/ Latina/ Latino

\_\_\_\_ Male

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Non- Hispanic

\_\_\_\_ Female

\_\_\_\_ White

\_\_\_\_ Refuse to Answer

\_\_\_\_ Transgender (male to female)

\_\_\_\_ Asian

\_\_\_\_ Transgender (female to male)

\_\_\_\_ Black or African American

\_\_\_\_ Other

\_\_\_\_ Refuse to Answer

\_\_\_\_ Refuse to Answer

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name : \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

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\_\_\_\_ Male

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Non- Hispanic

\_\_\_\_ Female

\_\_\_\_ White

\_\_\_\_ Refuse to Answer

\_\_\_\_ Transgender (male to female)

\_\_\_\_ Asian

\_\_\_\_ Transgender (female to male)

\_\_\_\_ Black or African American

\_\_\_\_ Other

\_\_\_\_ Refuse to Answer

\_\_\_\_ Refuse to Answer



## Covid-19 Impact

Please check each condition that applies to the Applicant or other members of the Applicant's household who lost income due to the COVID-19 pandemic (check all that apply):

- Laid off temporarily or permanently.
- Have had work hours reduced.
- Was about to start a new job prior to COVID-19 but could not because of extenuating circumstances.
- Was terminated from a new job before establishing sufficient work history to be eligible for regular unemployment benefits.
- Self-employed, business income has decreased substantially, or business is no longer generating enough income to operate and remain open.
- Independent contractor(s) or gig worker(s) who has/have not been able to earn fees, or whose fees have been reduced markedly.
- Got sick or have been advised by a public health or medical professional to self-quarantine.
- Had to leave a job or requested fewer work hours to care for a person who is sick.
- Had to leave a job or requested fewer work hours to care for dependents whose ordinary situations (such as school or daycare) were disrupted.
- Reasonable concern over the risk of infection at work for myself, or someone in my household (Examples include the applicant, persons who live in the tenant household who is elderly, has underlying medical conditions that render him/her more vulnerable, or a household member is immunocompromised).
- Other conditions resulting in loss of income due to the COVID-19 pandemic. (Please describe below.)

If you selected "Other," please describe the circumstances below.

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If available please provide your household's "COVID-19 Loss of Income" documentation such as letter from employer showing loss of job (e.g., furlough, layoff, business closing), reduction in work hours, loss of self-employment income, or other reasons that describe your household's loss of income.

Has the Applicant or other members of the Tenant Applicant's household lost 20% or more of their income due to the COVID-19 pandemic

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**Assistance Request**

Has your household received a 10-day notice to quit from your landlord?  
(Please check one)                    \_\_\_ YES                    \_\_\_ NO

**If yes, you must provide the notice with the final submission of the application.**

Have you received a notice of an eviction hearing from a district magistrate?  
(Please check one)                    \_\_\_ YES                    \_\_\_ NO

**If yes, you must provide the notice with the final submission of the application.**

Fill out the rent needed for each month due. If you require assistance for \$1,000 of rent missed in November 2020, & only \$500 rent missed in December 2020, then fill out \$1,000 in November 2020 and \$500 in December 2020.

In addition, you DO NOT have to be behind in your rent to receive assistance. Applicants can apply for current monthly rent and additional months up to a total of a 12-month period.

**DO you or will you owe rent for the following months? If so, list the amounts in dollars and cents for each month owed (12-month maximum of rental assistance with recertification every 3 months, unless using your 2020 submitted tax return for all adult household members):**

April 2020:\$ _____	January 2021:\$ _____
May 2020:\$ _____	February 2021:\$ _____
June 2020:\$ _____	March 2021:\$ _____
July 2020:\$ _____	April 2021:\$ _____
August 2020:\$ _____	May 2021:\$ _____
September 2020:\$ _____	June 2021:\$ _____
October 2020:\$ _____	July 2021:\$ _____
November 2020:\$ _____	August 2021:\$ _____
December 2020:\$ _____	September 2021:\$ _____
	October 2021:\$ _____
	November 2021:\$ _____
	December 2021:\$ _____

**Landlord Information Name:** \_\_\_\_\_

**Landlord Phone Number:** \_\_\_\_\_

**Landlord Email:** \_\_\_\_\_

### **Utility Assistance Requested**

You DO NOT have to be behind on utilities to receive assistance. List all that you as the tenant are financially responsible for that is in the name of a household member.

Water Company Name : \_\_\_\_\_

Gas/Propane Company Name: \_\_\_\_\_

Electric Company Name: \_\_\_\_\_

Trash Company Name: \_\_\_\_\_

Sewer Company Name: \_\_\_\_\_

If you are requesting utility assistance you must provide the most recent bill(s).

### **Prior Assistance Received**

Has anyone in your household applied for or received rental and/or utility assistance from any source (local, state, federal) prior to seeking ERAP assistance? (Please check one) \_\_\_\_\_ YES \_\_\_\_\_ NO

### **Required Documents**

\_\_\_\_\_ VALID PHOTO ID IS REQUIRED

\_\_\_\_\_ LEASE AGREEMENT OR ROOM RENT AGREEMENT.

\_\_\_\_\_ PROOF OF INCOME FOR ALL ADULT HOUSEHOLD MEMBERS  
(e.g. 30 days of paystubs, Social Security Income Award Letter(s), Bank statements showing income deposits, first 2 pages of submitted 2020 1040 tax return)

\_\_\_\_\_ Utility Bill(s) (Entire bill that shows current usage and previous balance amount)

**TERMS AND CONDITIONS**

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

\_\_\_\_ I certify that all information in this application, and all documentation furnished in support of this application, are provided for the purpose of obtaining funding from the Berks County Emergency Rental Assistance Program.

\_\_\_\_ I certify that one (1) or more individuals in my household is collecting unemployment or has experienced a reduction income, incurred significant costs, or experienced other financial hardship due (directly or indirectly) to the COVID-19 Pandemic.

\_\_\_\_ I certify that the application information and supporting documentation provided are true and complete to the best of my/our knowledge.

\_\_\_\_ I agree to provide all data and records needed to assist in determining program eligibility and I/we acknowledge that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

\_\_\_\_ I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this ERAP application.

\_\_\_\_ 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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature

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: \_\_\_\_\_