

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

Berks County is currently accepting renewal applications from previous ERAP-eligible and approved participants. County residents who previously received assistance through ERAP are eligible for an additional three (3) months of rental and utility assistance. The amount of monthly rental assistance will remain the same unless you have relocated to a different residential property in Berks County or your lease includes an increase.

Please complete this form electronically or print clearly, and provide answers to all information requested. Do not leave blanks, or we may be unable to process your reapplication request.

I. APPLICANT INFORMATION

Name: _____ Case: _____

Has your household size changed since the date of your initial application? Yes No

If yes, please

explain: _____

II. HOUSEHOLD INCOME:

Total current monthly Income (List sources below): _____

Include all forms of income for all adult household members (over 18 years of age). You must provide documentation for each source of income you list. **Do NOT complete this section if your household submitted their 1040 Tax submission form in the initial ERAP Application.**

Household Member Name	Income Source	Current Gross Income	Frequency (i.e., every week, bi-weekly, monthly, yearly)
	Employer Name:		
	SSI / SSDI:		
	Pension/Retirement:		
	Unemployment Benefits:		
	Other: Please specify		

III. RENT INFORMATION

a. Is this home address different from your initial application? Yes No

If yes, please explain, and provide new lease: _____

b. Do you receive any other source (federal, state, local) of rental assistance? Yes No

If yes, please explain: _____

IV. OTHER REQUIREMENTS:

To be considered for renewal, your tenant household must continue to meet the following ERAP eligibility requirements:

1. I certify that I have a current rent lease agreement for a residential property or room within the boundaries of Berks County. Yes No

2. I certify that I am not able to pay my full rent and/or utility bills due to a loss of employment, reduction in income from my employer, or other source of income reduction (e.g., business closing, my work hours were reduced, furlough or lay off of employees, etc.) or other reasons associated with the COVID-19 pandemic.

Yes No

3. I certify that I currently DO NOT receive government assistance that pays for all of my rent. (e.g., Housing Voucher program (Section 8), VASH, Continuum of Care, or other Emergency Housing Assistance), and I am not duplicating benefits received from federal housing programs. Yes No

4. I understand that I am reapplying for Emergency Rental Assistance from Berks County. I certify to Berks County that I am qualified to receive Emergency Rental Assistance Program (ERAP) funds, and I understand the guidelines for the program. I further understand that Berks County will seek to prosecute me to the fullest extent of the law and other actions to recover all funds and penalties should I misrepresent any information on my renewal application, knowingly accept funds for which I am not entitled, or otherwise attempt to defraud or abuse Berks County's ERAP program. Yes No

5. I understand that I must provide all my verification documents if contacted by the case reviewer for the ERAP application to be considered for continued ERAP funding assistance. Yes No

6. 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. subsection 4904 (relating to unsworn falsification to authorities). Yes No

7. 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 U.S. Code Title 18, Sections 3729-3730 and 3801-3812. Yes No

V. Signatures/Certification of True and Correct Information

Please be sure to answer all questions. Otherwise, we will be unable to process your ERAP application. All completed applications will be reviewed for continued eligibility to receive emergency rental assistance under program guidelines.

If it is determined that your household is eligible for continued rental and/or utility assistance, payments will be made on your behalf to the landlord for a period of up to three (3) months with an option to renew pending funding availability and reapplication of eligibility. The landlord must continue to agree to participate in order to receive rental and/or utility assistance from Berks County’s Emergency Rental Assistance Program.

By signing below you certify the following:

Certification of application: I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. Assistance will be cancelled and/or application will be rejected if any information or statements given are found to be false or information has been withheld.

Release of Information: I/We agree to and authorize the information obtained with this application may be given to and used to administer and enforce program rules and policies in compliance with program guidelines.

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, “electronic signature” shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)