



633 Court St. 3rd Fl.
Reading, PA 19601
(484)339-0341



831 Walnut St.
Reading, PA 19601
(610)372-7222
Fax:(610)3722-7223

MUST READ BEFORE COMPLETING APPLICATION

Eligibility for ERAP cannot be determined until all information on the application and all of the correct documents have been provided. An application that is accepted by the ERAP team does not guarantee that the tenant/applicant will receive assistance.

You cannot turn in your application without the following documents:

- Full lease agreement and it must include: rent amount, which utilities are paid by the tenant/landlord, signed by the landlord/tenant, up to date lease or month to month statement.**
- Valid Photo ID and it cannot be expired.**
- Income verification for all household members over the age of 18 and older (paystubs, wages, 2022 SSI, SSI, SSDI Award letter, 2020/2021 1040 tax return, unemployment) for the past 30 days.**
- Full and most recent utility bill.**

You must provide your landlord's completed application and or case ID with a ledger.

You must inform the ERAP team of any changes to your application within 30 days, this includes but is not limited to; Rent increases, changes of address, changes of landlord or property managers, phone numbers, and email addresses.

**To schedule an appointment please call 484-339-0341 or email us at
ERAPappointments@bceh.org**



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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. Provide proof of income for the past 30 days for all adults in the household if they have any.
6. 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.
7. 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 combined, and payments will be made directly to landlords and/or utility companies on behalf of the tenant applicant(s). If a client is eligible to receive future payments, a reapplication must be completed every 3 months when instructed.

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) **Ethnicity:** (Please Check One) _____ Native Hawaiian or

Pacific Islander _____ Hispanic

_____ Native American _____ 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

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, and if you are still receiving how much is your weekly Pennsylvania
benefit amount? \$ _____

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

Social Security Income 2022 Amount per month \$ _____ Social Security

Disability Income 2022 Amount per month \$ _____ Retirement/Pension

2021 Amount per month \$ _____

Are you currently receiving any work/employee payments? (such as any of the
following: 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: _____

Start date: _____ Work phone number: _____

Address: _____

City, State, Zip: _____

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

YES _____ NO _____

Have you 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 2022 Amount per month \$ _____ Social

Security Disability Income 2022 Amount per month \$ _____

Retirement/Pension 2022 Amount per month \$ _____

Are you currently receiving any work/employee payments? (Such as any of the following; 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: (Check One) **Ethnicity:** (Check One) **Gender:** (check one) _____ Native Hawaiian or _____

Hispanic _____ Male

Pacific Islander _____ Non- Hispanic _____ Female

_____ Native American _____ Refuse to Answer _____ Transgender (male to female)

_____ White _____ Transgender (female to male) _____ Black or African American _____ Other

_____ Asian _____ Refuse to Answer _____ 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 2022 Amount per month \$ _____

____ Social Security Disability Income 2022 Amount per month \$ _____

Retirement/Pension 2022 Amount per month \$ _____

Are you currently receiving any work/employee payments? (Such as any of the following;
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: (Check One) **Ethnicity:** (Check One) **Gender:** (check one) ____ Native Hawaiian or ____

Hispanic ____ Male

Pacific Islander ____ Non- Hispanic ____ Female

____ Native American ____ Refuse to Answer ____ Transgender (male to female)

____ White ____ Transgender (female to male) ____ Black or African American ____ Other

____ Asian ____ Refuse to Answer ____ Refuse to Answer

Ask for additional “Household Member” or “Child 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: (Check One) **Ethnicity:** (Check One) **Gender:** (check one) _____ Native Hawaiian or _____

Hispanic _____ Male Pacific Islander _____ Non- Hispanic _____ Female

_____ Native American _____ Refuse to Answer _____ Transgender (male to female)

_____ White _____ Transgender (female to male) _____ Black or African American _____ Other

_____ Asian _____ Refuse to Answer _____ Refuse to Answer

First name: _____

Middle name: _____

Last name : _____

Date of Birth: Day _____ Month _____ Year _____

Demographic information:

Race: (Check One) **Ethnicity:** (Check One) **Gender:** (check one) _____ Native Hawaiian

or _____ Hispanic _____ Male Pacific Islander _____ Non- Hispanic _____ Female

_____ Native American _____ Refuse to Answer _____ Transgender (male to female)

_____ White _____ Transgender (female to male) _____ Black or African American _____ Other

_____ Asian _____ 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):

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

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.

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 balance due for each month. If you owe \$1,000 of rent for November 2020, & only \$500 rent owed 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 re-application every 3 months):

April 2020-December 2020: _____

January 2021-December 2021: _____

January 2022-December 2022: _____

January 2023-December 2023: _____

Landlord Information

Landlord Name as appears on the lease: _____

Landlord Phone number: _____

Landlord Email: _____

If applicable, Include landlords Case ID: _____

Utility Assistance Requested

You DO NOT have to be behind on utilities to receive assistance. If you would like to receive utility assistance, list all utilities that you as the tenant are financially responsible for (only include bills that are in the name of a household member).

Would you like to receive utility assistance?(check one) YES NO 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)**.

Utility assistance can not be added after if and when approved.

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 am aware that any payment that may be provided to the Landlord by Berks County on behalf of the Tenant through this ERAP will be made through the 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 statements or otherwise. (U.S.C. § 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).

____ I understand that I may be required to complete additional reapplications every 3 months when instructed in order to recertify and determine continued eligibility for ERAP (not to exceed 12 months of assistance & if funds are available).

____ I certify that I grant permission to Berks Coalition to End Homelessness to collect, submit necessary documentation, collect utility and arrears billing information (if applicable), and electronically sign the Berks Emergency Rental Assistance Application on my behalf if necessary to help determine my eligibility for funding.

Print Name

Signature

Date