



**ERAP Main Office**  
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 Reading Pa 19601  
 484-339-0341

**BCEH (Only Dropbox)**  
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**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\*:

<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Income 80%</b>	<b>\$46,050</b>	<b>\$52,600</b>	<b>\$59,200</b>	<b>\$65,750</b>	<b>\$71,050</b>	<b>\$76,300</b>	<b>\$81,550</b>	<b>\$86,800</b>

**Eligibility Criteria for Landlord:** Must provide a completed W-9 Form, copy of a canceled 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.

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**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 \$** \_\_\_\_\_ **ERAP Case Number:** \_\_\_\_\_

**TENANT**

**Tenant Name**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** PA **Zip code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Tenant Monthly Contract Rent \$** \_\_\_\_\_ **ERAP Case Number:** \_\_\_\_\_

**TENANT**

**Tenant Name**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** PA **Zip code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Tenant Monthly Contract Rent \$** \_\_\_\_\_ **ERAP Case Number:** \_\_\_\_\_

## 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).

Printed Landlord/Property Name: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord/Property Signature: \_\_\_\_\_



# BCEH Landlord Ledger

Tenant Applicant Name: \_\_\_\_\_

Rental Property Address : \_\_\_\_\_

City: \_\_\_\_\_ State: PA Zip Code: \_\_\_\_\_

**\*\*\* We can ONLY cover 10% of rent for late fees**

Month	Rent Past Due	Late Fees OWED	Court Costs	Utilities OWED: (As per Lease)
April 2020				
May 2020				
June 2020				
July 2020				
August 2020				
September 2020				
October 2020				
November 2020				
December 2020				
January 2021				
February 2021				
March 2021				
April 2021				
May 2021				
June 2021				
July 2021				
August 2021				
September 2021				
October 2021				
November 2021				
December 2021				

Total Amount Due: \_\_\_\_\_ Signature: \_\_\_\_\_

# **BCEH Landlord Ledger**

Month	Rent OWED	Late Fees OWED	Court Costs	Utilities OWED: (As per Lease)
January 2022				
February 2022				
March 2022				
April 2022				
May 2022				
June 2022				
July 2022				
August 2022				
September 2022				
October 2022				
November 2022				
December 2022				

\*\*\* We can ONLY cover 10% of rent for late fees

\*\*\* ONLY fill in the months/amounts your tenant owes as of today

\*\*\* This document MUST be completed by the landlord/property manager

\_\_\_\_\_  
Landlord/Property Manager Printed Name

\_\_\_\_\_  
Landlord/Property Manager Signature

Total Amount Due \$ \_\_\_\_\_

Date Completed: \_\_\_\_\_ / \_\_\_\_\_ /2022