



Application for Emergency Rental Assistance

*Please note: If you wish to apply for past due utility bills, you will need to complete a separate application.

TO EXPEDITE YOUR APPLICATION, IT IS RECOMMENDED THAT YOU COMPLETE AND SUBMIT ELECTRONICALLY. PLEASE EMAIL: ERAP@allentowndiocese.org and we will provide the electronic application. THIS APPLICATION IS FOR USE BY **LEHIGH COUNTY RESIDENTS ONLY**. IF YOU RESIDE IN ANOTHER COUNTY, PLEASE CONTACT THAT COUNTY FOR DETAILS OF WHERE YOU CAN APPLY.

Who is applying? Landlord on behalf of tenant (*preferred*) Tenant

Date: _____

Landlord or Property Manager Information

Landlord: _____
Last Name First Name

Address: _____
Street Address

_____ City State Zip Code

Phone Number: _____
Area Code Phone Number Ext.

Email: _____

Tax ID# _____
(you will need to submit a W-9 form along with completed application)

Lease Start Date: _____ Lease is: Current Month-to-Month

***A copy of the lease is required to be submitted with this application.**

Monthly Rent \$ _____ Number of months requested _____

Months for which you are applying: (*after March 2020*) _____

Tenant/Household Information

Tenant: _____
Last Name First Name

Rental Address: _____
Street Address

_____ City State Zip Code

Phone Number: _____
Area Code Phone Number Ext.

Email: _____

Social Security# _____

Are Rental payments split between more than one lessee? _____
Yes * No

***If YES, then please complete information for other lessees below.**

Lessee #2: _____
Last Name First Name

Social Security# _____

Lessee #3: _____
Last Name First Name

Social Security# _____

Lessee #4: _____
Last Name First Name

Social Security# _____

Number of Adults in household: _____ Number of Children under 18 in household _____

Has anyone in the household experienced financial hardship which may include, but is not limited to a period of unemployment, a decrease in household income or had increased household costs? YES NO

If YES, was this hardship due, directly or indirectly to COVID-19? YES NO

Is anyone in the household at risk of homelessness or housing instability? YES NO

Has anyone in the household received federally funded rental assistance in the past 12 months? YES NO

In anyone in the household a U.S. Veteran? YES NO

Has anyone in the household been a victim of domestic violence? YES NO

Citizenship: U.S. Citizen Permanent Resident Temporary Resident
 Refugee Other Describe: _____

Answers to the following questions is requested by the Federal Government for certain types of programs related to a dwelling in order to monitor compliance with equal credit opportunity and fair housing. You are not required to furnish this information, but are encouraged to do so. If you furnish this information, please provide both ethnicity *and* race. For race, you may select more than one designation.

Gender: Male Female Choose not to answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Choose not to answer

Race: Native American Asian White Black or African American
 Pacific Islander Other Choose not to answer

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefits. I understand that I may be required to work with other agencies as a condition of my approval for assistance. I agree to provide upon request any documentation (Pay stubs, lease, recent bills, proof of unemployment, etc) to aid in determining eligibility.

Tenant: _____
Printed Name Signature Date

Landlord: _____
Printed Name Signature Date

I/we attest that all of the information contained within this application is complete and accurate. Please note that a **complete application and all supporting documentation** is required before an application can be processed. to submit a completed application and supporting documentation.

Required Documentation to be submitted with application:

____ Copy of Current Lease ____ Landlord W-9
____ Copies of ID for all lessees ____ Proof of Income loss/unemployment

A case manager from Catholic Charities may contact you for additional information. If you need to contact us, you may do so at ERAP@allentowndiocese.org