



ANDREW M. CUOMO
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

COVID Rental Relief Program Paper Application

Please complete this application to apply for the COVID Rent Relief Program. Paper applications must be returned by mail to: COVID Rent Relief Program, 500 Bi-County Blvd., Suite #300 Farmingdale, NY 11735. **Applications must be postmarked no later than July 30, 2020.** Failure to return this application by **July 30, 2020** will result in your application being denied. You may also complete this application electronically by visiting our website: www.hcr.ny.gov/rrp.

Please note, all applications must be completed in English. If you need translation services, please contact the call center for assistance: (833) 499-0318. Translated copies of the application are available on our website, www.hcr.ny.gov/rrp, for instructional purposes only.

If you have any questions about the COVID Rent Relief Program, please visit the Frequently Asked Questions section of our website, www.hcr.ny.gov/rrp, or contact our call center at (833) 499-0318.

Part 1: Application

Please indicate if you are in need of a reasonable accommodation due to a disability and have requested this relief by calling or emailing the agency (circle one):	Yes	No
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*If you need a reasonable accommodation, including more time to complete this application due to a disability, please contact the call center at (833) 499-0318 or email us as covidrentrelief@hcr.ny.gov.

Applicants or their designee should retain a copy of the completed application for their records.

Who is this application for? (Circle one)	Myself	I am applying for someone else
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You may authorize a caseworker, attorney or other personal representative to apply for the COVID Rent Relief Program on your behalf. You may do so by providing the representative's name, organization (if applicable), address, telephone number and email address (optional) and then signing this form. Your Authorized Representative must also sign this form.

See COVID Rent Relief Program: Authorized Representative Release Form at the end of this application (Appendix A).

Applicant Personal Information

Items marked with a "*" are required.

*First Name:		Middle Name:	*Last Name:	
Do you have a Social Security Number, Tax Identification Number, or Alien Registration Number? (circle one)			Yes	No
Social Security Number:		Tax Identification Number:		
Alien Registration Number:		Other (specify):		
*Date of Birth:				
Race (circle one): <i>optional</i>	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Two or more races Some other race	Ethnicity (circle one): <i>optional</i>	Hispanic Non-Hispanic	
Email:		Mobile phone:		Landline:
Preferred method of contact (circle one):		Email Phone		
Primary language preference (circle one):		English Spanish Chinese Russian Haitian Creole Bengali Korean		
Are you a full-time student? (circle one)			Yes	No
*Monthly income before March 1, 2020: <i>For instance, if you filed a tax return, please include the dollar amount from line 33 (New York State Adjusted</i>		\$		

<i>Gross Income) of the IT-201 and IT201X (for amended filed returns) of your most recent filed tax return, divided by 12.</i>	
*Monthly income now:	\$
*For each category below, enter your monthly earnings prior to March 1, 2020 (*except where noted).	
Salary, Wages	\$
Court Ordered Alimony	\$
Spousal Support	\$
Child Support Payments	\$
Social Security Disability	\$
Social Security Retirement	\$
SSI Benefit	\$
Other	\$
Are you receiving or have you received unemployment insurance benefits during the coverage period? (circle one)	
	Yes No
If yes, enter the total weekly unemployment insurance (UI) amount. <i>Please include all types of UI, including Pandemic Unemployment Assistance (PUA) and Pandemic Unemployment Compensation (PUC).</i>	\$

Applicant Residence Information

The address for which you are seeking a subsidy.

*Address Line 1:

Address Line 2:		
*City:	*Zip Code:	
*How many bedrooms does your residence have? Enter zero for a studio.		
*Is this unit your primary residence? (circle one)	Yes	No
*Are you currently renting your primary residence? (circle one) <i>This includes rental of lots in Manufactured Home Parks.</i>	Yes	No

Mailing Address if different than primary residence address (P.O. Box accepted)

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

Rent Amount

How do you typically pay your rent? (circle one)	Cash Check Money order Direct deposit
Monthly rent prior to March 1, 2020:	\$
Monthly rent at time of application:	\$
Are you delinquent on rent for any month from April 1, 2020, to now? (circle one) <i>Applicants do not need to be in rent arrears to be eligible for the subsidy.</i>	Yes No
If yes, during the time of need (April 1, 2020 to now), how much was the rent deficiency?	\$
For which months are you delinquent? Circle all that apply.	April 2020 May 2020 June 2020 July 2020

If this subsidy will be in excess of the rent owed, how would you like your landlord to apply the subsidy? (circle one)	Replenish security deposit Pay rent for later months
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Household Information

The COVID Rent Relief Program requires that at least one member of the residence be a United States Citizen or have eligible immigration status.

To find out if your household is eligible, refer to the **Immigration Status Eligibility and Common Documentation for Verification** appendix.

Is anyone in your household a United States Citizen or does anyone in your household have eligible immigration status? (circle one)	Yes	No
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Provide the Social Security Number, Tax Identification Number, or Alien Registration Number for a person in the household who has United States Citizenship or Eligible Immigration Status.

Social Security Number:	
Tax Identification Number:	
Alien Registration Number:	

Residents and Income

Your eligibility is calculated based on the number of residents living in your household, and the total income of all adults living in your household.

How many people (including yourself, and all other adults and minors) live in the residence? <i>Roommates that are both applying should complete the application as a household; if only one roommate is applying, applicant roommate should pro rate information.</i>	
Are there any disabled household members? (circle one)	Yes No
Are there any senior (62+) household members? (circle one)	Yes No
*Total monthly income of all adults living in your household prior to March 1, 2020: <i>Income includes all wages, tips, overtime, salary, recurring gifts, returns on investments, welfare assistance, social security payments, child support payments, unemployment benefits including Pandemic Unemployment</i>	\$

<p>Assistance (PUA) and Pandemic Unemployment Compensation (PUC), payment or cash grant whose purpose is to assist with rental payments, any payments whose purpose is to replace lost income, and any other government benefit or cash grant for each member of the household.</p> <p><i>Income does not include employment from children under eighteen years of age, employment income from children eighteen years of age or older who are full-time students, foster care payments, sporadic gifts, groceries provided by persons not living in the household, supplemental nutrition assistance program benefits, earned income disallowance, or the earned income tax credit.</i></p>	
<p>*Total monthly income of all adults living in your household at the time of this application:</p> <p><i>Income includes all wages, tips, overtime, salary, recurring gifts, returns on investments, welfare assistance, social security payments, child support payments, unemployment benefits including Pandemic Unemployment Assistance (PUA) and Pandemic Unemployment Compensation (PUC), payment or cash grant whose purpose is to assist with rental payments, any payments whose purpose is to replace lost income, and any other government benefit or cash grant for each member of the household.</i></p> <p><i>Income does not include employment from children under eighteen years of age, employment income from children eighteen years of age or older who are full-time students, foster care payments, sporadic gifts, groceries provided by persons not living in the household, supplemental nutrition assistance program benefits, earned income disallowance, or the earned income tax credit.</i></p>	<p>\$</p>
<p>Excluding any income earned by a full-time student, was there a month during the coverage period in which the total monthly income of all adults living in your household, was lower than the most recent month?</p> <p><i>Income includes all wages, tips, overtime, salary, recurring gifts, returns on investments, welfare assistance, social security payments, child support payments, unemployment benefits including Pandemic Unemployment Assistance (PUA) and Pandemic Unemployment Compensation (PUC), payment or cash grant whose purpose is to assist with rental payments, any payments whose purpose is to replace lost income, and any other government benefit or cash grant for each member of the household.</i></p> <p><i>Income does not include employment from children under eighteen years of age, employment income from children eighteen years of age or older who are full-time students, foster care payments, sporadic gifts, groceries provided by persons not living in the household, supplemental nutrition</i></p>	<p>Yes No</p>

assistance program benefits, earned income disallowance, or the earned income tax credit.		
If yes, in which month was the total household income the lowest? (if multiple months, choose one)	April 2020 May 2020 June 2020 July 2020	
Total monthly income for lowest income month:	\$	
<p>*Do you currently receive Section 8 housing assistance or live in public housing where your rent cannot exceed 30% of your income? (circle one)</p> <p><i>If you are receiving a Section 8 Housing Choice Voucher* for your housing costs or reside in public housing, you are not eligible under the statute.</i></p> <p><i>*For households that receive Section 8 vouchers: If your rent burden exceeds 30% of your income, and you have lost income in this period, you should request and adjustment to your rental payment standard. Please contact your voucher administrator to request an Interim Recertification.</i></p>		
Do you currently receive any other rental subsidy? (circle one)	Yes	No
If yes, who is your current Rental Subsidy Provider? (circle one)	FHEPS CITYFHEPS SCRIE DRIE HASA ACS Housing Subsidy Other (specify):	
Monthly rental subsidy amount:	\$	

If yes, in which month was the total household income the lowest? (if multiple months, choose one)

April 2020
May 2020
June 2020
July 2020

Total monthly income for lowest income month:

\$

*Do you currently receive Section 8 housing assistance or live in public housing where your rent cannot exceed 30% of your income? (circle one)

If you are receiving a Section 8 Housing Choice Voucher for your housing costs or reside in public housing, you are not eligible under the statute.*

**For households that receive Section 8 vouchers: If your rent burden exceeds 30% of your income, and you have lost income in this period, you should request an adjustment to your rental payment standard. Please contact your voucher administrator to request an Interim Recertification.*

Yes

No

Do you currently receive any other rental subsidy? (circle one)

Yes

No

If yes, who is your current Rental Subsidy Provider? (circle one)

FHEPS
CITYFHEPS
SCRIE
DRIE
HASA
ACS Housing Subsidy
Other (specify):

Monthly rental subsidy amount:

\$

Additional Adult Residents

Household Member 1

Middle Name:

Last Name:

Date of Birth:

Does this person have a Social Security Number, Tax Identification Number, or Alien Registration Number? (circle one)

Yes

No

Social Security Number:	Tax Identification Number:
Alien Registration Number:	Other (specify):
Monthly income before March 1, 2020:	\$
Monthly income now:	\$
For each category below, enter your monthly earnings prior to March 1, 2020.	
Salary, wages	\$
Other	\$
Unemployment Insurance (*enter weekly benefit amount including Pandemic Unemployment Assistance and Pandemic Unemployment Compensation)	\$

Household Member 2

First Name:	Middle Name:	Last Name:
Date of Birth:		
Does this person have a Social Security Number, Tax Identification Number, or Alien Registration Number? (circle one)		Yes No
Social Security Number:	Tax Identification Number:	
Alien Registration Number:	Other (specify):	
Monthly income before March 1, 2020:	\$	
Monthly income now:	\$	
For each category below, enter your monthly earnings prior to March 1, 2020.		

Salary, wages	\$
Other	\$
Unemployment Insurance (*enter weekly benefit amount including Pandemic Unemployment Assistance and Pandemic Unemployment Compensation)	\$

Household Member 3

First Name:	Middle Name:	Last Name:
Date of Birth:		
Does this person have a Social Security Number, Tax Identification Number, or Alien Registration Number? (circle one)		Yes No
Social Security Number:	Tax Identification Number:	
Alien Registration Number:	Other (specify):	
Monthly income before March 1, 2020:	\$	
Monthly income now:	\$	
For each category below, enter your monthly earnings prior to March 1, 2020.		
Salary, wages	\$	
Other	\$	
Unemployment Insurance (*enter weekly benefit amount including Pandemic Unemployment Assistance and Pandemic Unemployment Compensation)	\$	

Household Member 4

First Name:	Middle Name:	Last Name:
Date of Birth:		
Does this person have a Social Security Number, Tax Identification Number, or Alien Registration Number? (circle one)		Yes No
Social Security Number:	Tax Identification Number:	
Alien Registration Number:	Other (specify):	
Monthly income before March 1, 2020:	\$	
Monthly income now:	\$	
For each category below, enter your monthly earnings prior to March 1, 2020.		
Salary, wages	\$	
Other	\$	
Unemployment Insurance (*enter weekly benefit amount including Pandemic Unemployment Assistance and Pandemic Unemployment Compensation)	\$	

Household Member 5

First Name:	Middle Name:	Last Name:
Date of Birth:		
Does this person have a Social Security Number, Tax Identification Number, or Alien Registration Number? (circle one)		Yes No
Social Security Number:	Tax Identification Number:	
Alien Registration Number:	Other (specify):	

Monthly income before March 1, 2020:	\$
Monthly income now:	\$
For each category below, enter your monthly earnings prior to March 1, 2020.	
Salary, wages	\$
Other	\$
Unemployment Insurance (*enter weekly benefit amount including Pandemic Unemployment Assistance and Pandemic Unemployment Compensation)	\$

Landlord/Management Company Information

Who do you send payments to? (circle one)	Landlord Management Company	
How are rent payments made? (circle one)	Cash Check Money order Direct deposit	
Landlord name or Mgmt. Company:		
Owner Street address line 1:		
Owner street address line 2:		
Owner City:	Owner State:	Owner Zip:
Owner email:		Owner phone:

Part 2: Supporting Documents

Please attach your supporting documents to this application and select the type of proof you are providing below.

Applicant proof of income before March 1, 2020: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter Most recent Tax Return Employment attestation (Appendix B) Other:
Applicant proof of income now: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter
Household Member 1 proof of income before March 1, 2020: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter Most recent Tax Return Employment attestation (Appendix B) Other:
Household Member 1 proof of income now: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter
Household Member 2 proof of income before March 1, 2020: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter Most recent Tax Return Employment attestation (Appendix B) Other:
Household Member 2 proof of income now: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter
Household Member 3 proof of income before March 1, 2020: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter Most recent Tax Return Employment attestation (Appendix B) Other:
Household Member 3 proof of income now: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter

Household Member 4 proof of income before March 1, 2020: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter Most recent Tax Return Employment attestation (Appendix B) Other:
Household Member 4 proof of income now: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter
Household Member 5 proof of income before March 1, 2020: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter Most recent Tax Return Employment attestation (Appendix B) Other:
Household Member 5 proof of income now: Please select all that apply.	W2 Consecutive Pay Stubs Salary Letter
Amount of Rent	Rent attestation (Appendix C) Lease/contractual rent payment prior to March 1, 2020
ID verification	Government issued identification

Application Affirmation

I have read the information entered on this application and I affirm that this application, to the best of my knowledge, information and belief, is true, accurate and complete. I understand and agree that the entry of my name below by electronic means constitutes my signing and filing this application. I further affirm that I am the tenant of this subject premises, or that I am the authorized representative of the tenant of said premises and that I am authorized to sign and file this application with the New York State Division of Housing and Community Renewal.

I understand that by submitting this application I am authorizing HTFC and its agents, to request verification of income from federal, state and local agencies including salary, wages and other sources of income. Verification will include contacting agencies responsible for unemployment insurance payments, federal tax information, including stimulus, rental subsidy payments, and public assistance, including but not limited to, Section 8 benefits, social security income information, self-employment income, retirement income, and other state and local benefits and subsidies.

I further understand that making a false statement herein, knowing such statement to be false, and/or offering such false statement for filing are each class A misdemeanors pursuant to the Penal Law of the State of New York (sections 210.45 and 175.30).

Print name: _____

Signature: _____

Date: _____