

COVID Emergency Rental Assistance (CERA) Tenant Application

Clear Form

MUNIC-0000

1. Tenant Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No					

2. Household Information – List all other persons living with you.

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
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				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member			

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*Complete additional pages as needed to respond for all household members



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3. Household (Contract Unit) Address

Address (number, street, and apt. or suite no.)	City	State	Zip Code
County			

4. Mailing Address, if different than above

Address (number, street, and apt. or suite no.)	City	State	Zip Code
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5. Contact Information

Phone Number	Contact name and number to leave messages	Email Address
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6. COVID Hardship

Please check the box/es of the situations that apply to your household.

- One or more individual in the household qualified for unemployment benefits, or
- has experienced a reduction in household income, or
- incurred significant costs, or
- experienced other financial hardship due directly or indirectly to the COVID outbreak
- none of the above

Are you at risk of homelessness or housing instability because of your past-due rent or eviction notice?

- Yes
- No

7. Household Income – Does your household have any income? No Yes → Total monthly household income \$ _____

Does your household receive benefits from the Food Assistance Program (FAP)? No Yes

Please check all sources of income that your household received in the last 30 days (one month). **ATTACH PROOF**

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security benefits | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Employment/earned income |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other, please list: _____ |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) _____ | | |
| <input type="checkbox"/> Rental income or a land contract, mortgage, or other payment payable to a household member | | |

Household Member Name*	Source of Income (Include employer name, if applicable)	Rate of Pay or Payment Amount	Number of hours worked per week (if applicable)	Payment Basis (hourly, weekly, monthly, etc.)

*Complete additional pages as needed to respond for all household members

8. Rental Information

Number of Bedrooms in Unit	Move-in date
Tenant Rent amount	Date of Last Payment
Owner/Landlord Name	Number of Months in Arrears



Are you past due or delinquent on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount past due or delinquent	Total late fees amount
Is your rent subsidized by another program such as the Housing Choice Voucher Program, Section 8, Project Based Voucher, Public Housing, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the Owner/Landlord filed for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Utility and Internet Information

Are you past due or delinquent on your utility payments? <input type="checkbox"/> Yes – Must complete applicable box/es below <input type="checkbox"/> No		Do you have home internet? If yes, would you like help paying your bill? <input type="checkbox"/> Yes – Must provide Internet bill/statement <input type="checkbox"/> No	
Utility Type Electricity	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Gas/Propane/ Other Heat Source	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Water	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Sewer	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider
Utility Type Trash*	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Utility Provider

*Trash arrears are allowed only if included with another utility bill

10. Tenant Certification

Initials	I understand that if funded, this application only resolves the issue of rent arrears and fees owed through the date of payment of rental assistance, and that all other obligations of the Lease remain enforceable.
Initials	I understand that if I receive program funds directly because my landlord or utility/internet provider has opted-out of the program that I will pay the landlord or utility provider the program funds within five business days of receipt.

11. Tenant Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances. I understand providing false statements or information is grounds for denial of program assistance and potential state or federal prosecution. I authorize MSHDA, and any of its authorized representatives to verify the information provided in this application is true and correct. I also understand that additional information might be required to move forward with this program and/or verify my eligibility for assistance.	
Tenant Signature	Date



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Checklist

Before submitting this application for the COVID Emergency Rental Assistance (CERA) program, please review the following to make sure that all required information is included with the application.

- Copy of past-due rent notice, a notice to quit or a court ordered summons, complaint or judgement
- Copy of a state ID (or other government issued ID) in the tenant's name (with supporting proof of residency if address does not match the unit)
- Most current copy of lease agreement in tenant's name (if a written lease was completed)
- Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18
 - Household income/benefits (unemployment, SSI, etc.) for one month, OR
 - Copy of submitted 2020 IRS form 1040 (first two pages)
 - Food Assistance Program Notice of Case Action form (only applicable for households with 3 or less people)
- Copy of ALL utility statements showing amount past due, if applicable
- Copy of Internet bill/statement, if applicable
- COVID Emergency Rental Assistance (CERA) Owner/Landlord Application and required documents (Owner/Landlord may also submit separately)
- Supporting documentation for proof of COVID Hardship (only one hardship is necessary)

Type of COVID Hardship	Best Documents to Show Proof	Alternate Documents to Show Proof
A member of my household qualified for unemployment after March 13, 2020	Unemployment Monetary Determination Letter OR screen shots from unemployment website showing payments and person's name	Signed letter from applicant stating the time period they received unemployment benefits
A member of my household has had a 10% reduction in income after March 13, 2020	Signed letter from applicant outlining your original hours and pay rate and reduced hours and pay rate during the COVID outbreak	
A member of my household has incurred significant costs (over \$500) after March 13, 2020	Signed letter from applicant stating what type and amounts of increased expenses the household incurred during the COVID outbreak	
A member of my household experienced other financial hardship (over \$500) after March 13, 2020	Signed letter from applicant stating what type of financial hardship they occurred during the COVID outbreak	

