

Project

Helping People Help Themselves

Below are the items that are required for your ERAP application. Once you have collected these items, please contact me to schedule an appointment at my office.

- Photo ID and Social Security Card for yourself and any household members over 18
- Birth Certificate and Social Security Card for any household members under 18
- Current utility bill
- Current signed lease
- Letter from PA Unemployment showing weekly benefit (if you became unemployed due to the pandemic)
- Last paystub prior to becoming unemployed (if you became unemployed due to the pandemic)
- Most recent paystub for any working household members
- Letter explaining how you were affected by COVID-19

Our office is located at 200 Ferry Street in the Fowler Literacy Center building across from the Easton Post Office. Please use our free parking lot next to the building. A case manager can be reached at 610-258-1100, extension 30 or 31 or via email bmoore@projecteaston.org or arosario@projecteaston.org for setting your appointment.



Northampton County Community Mediation & Eviction Diversion Program
Lessee Household Certification/Renter Application

Landlord Information

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____ Email (if available): _____

Renter Household Information

Lessee(s) Name: _____

Lessee(s) Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____ Email (if available): _____

Lease Effective Dates: _____ to _____

Number of Permanent Household Residents: _____

Monthly Rent Amount: \$ _____

Amount of Late/Missed Rent (rent due before March 1, 2020 is not eligible): \$ _____

List month(s) with late/missed rent payments between March 1, 2020 and December 31, 2021:

The following information 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 the information, please provide both ethnicity and race. For race, you may check more than one designation.

Do you wish to provide this information? Yes No

Sex: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

1. Are monthly rent payments split between more than one lessee?

Yes No

2. Do you have either a written or oral lease agreement with your landlord?

Yes No

3. Have you and/or your landlord provided a lease agreement (written) and included a third-party document that can be used to verify residency for each lessee requesting funding assistance (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address)? Please include third-party supporting documentation for both written and oral leases.

Yes No

4. Do you attest that you either have or will continue to occupy that residence for every month which funding assistance funds are being applied?

Yes No

5. Is rent split between more than one lessee? If yes, how are payments split between lessees?

Lessee #1 Name: _____
Amount of monthly rent paid by Lessee #1: \$ _____

Lessee #2 Name: _____
Amount of monthly rent paid by Lessee #2: \$ _____

Lessee #3 Name: _____
Amount of monthly rent paid by Lessee #3: \$ _____

Lessee #4 Name: _____
Amount of monthly rent paid by Lessee #4: \$ _____

6. Did you become unemployed after March 1, 2020 as a result of the COVID-19 pandemic?

Yes No

7. What was the date of separation from your employer? _____

8. Have your work hours or wages been reduced as a result of the COVID-19 pandemic?

Yes No

9. Have you provided documentation for all sources of lessee income?

Yes No

10. Are you able to provide documentation to verify unemployment with the Department of Labor and Industry's Bureau of Unemployment Compensation?

Yes No

11. If approved to receive funding assistance, do you agree to provide updated income documentation for all sources of income prior to payment of funding assistance of future rental assistance to the landlord/property owner of your behalf? Updated income documents should be provided to the designated organization within ten (10) days of the first payment of new employment wages.

Yes No

Applicant that do not possess or are not eligible for a social security number may apply for benefits through submission of a valid Individual Tax Identification Number (ITIN) in lieu of a Social Security Number. Submitting an ITIN is not acceptable for unemployment verification purposes. Lessees that cannot be verified by the Department of Labor and Industry's Bureau of Unemployment Compensation may still be eligible for funding assistance if the lessee qualifies based on loss of income.

If approved, lessees benefiting from funding assistance will be released from any obligation to pay any past due or future rent for the months which funding assistance funds are being applied. There shall be an agreement to not begin any eviction proceeding during the time covered by the rental assistance. Funding for this program will allow payment for future rent, but only for 3 months of future rent at a time and will be reviewed thoroughly. Additionally, the funding will not exceed the monthly rental payment.

Lessee #1 Name (Print): _____
Lessee #1 Signature: _____
Lessee Social Security Number: _____
Date: _____

Lessee #2 Name (Print): _____
Lessee #2 Signature: _____
Lessee Social Security Number: _____
Date: _____

Lessee #3 Name (Print): _____
Lessee #3 Signature: _____
Lessee Social Security Number: _____
Date: _____

Lessee #4 Name (Print): _____
Lessee #4 Signature: _____
Lessee Social Security Number: _____
Date: _____



**Northampton County Community Mediation & Eviction Diversion Program
FY2022 Income Limits Documentation**

Income AMI Form

30% Extremely Low Income Limits

Low Income Housing Limits (Allentown, Bethlehem, Easton PA HUD Metro FMR Area)									
FY 2022 Income Limit	Number of Persons in Family								
	1	2	3	4	5	6	7	8	
	19,050	21,800	24,500	27,750	32,470	37,190	41,910	46,630	

50% Very Low Income Limits

Low Income Housing Limits (Allentown, Bethlehem, Easton PA HUD Metro FMR Area)									
FY 2022 Income Limit	Number of Persons in Family								
	1	2	3	4	5	6	7	8	
	31,750	36,250	40,800	45,300	48,950	52,550	56,200	59,800	

80% Low Income Limits

Low Income Housing Limits (Allentown, Bethlehem, Easton PA HUD Metro FMR Area)									
FY 2022 Income Limit	Number of Persons in Family								
	1	2	3	4	5	6	7	8	
	50,750	58,000	65,250	72,500	78,300	84,100	89,900	95,700	

AMI Allocation – please check which AMI category the applicant falls under:

- Under 30%
 Over 30% but Under 50%
 Over 50% but Under 80%
 Over 80%

ATTACHMENT D1
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM SURVEY FORM – 2021 INCOME LIMITS

Please check the number of persons living in your household and then indicate the correct range of household income associated with the family size you indicated. For example – a household consisting of a mother, the mother's father, and two school-age children would be a four-person household. The 4-person household income range of \$40,951 - \$65,500 would be selected because the mother makes \$38,000 a year, the grandfather's Social Security totals \$18,100 a year, the children are under 15 and no other income is brought into the household (\$38,000 + \$18,100 = \$56,100). Gross income (before taxes) should be used in the calculation.

Family Size	0% to 30% of Median	30% to 50% of Median	50% to 80% of Median	Over 80% of Median
<input type="checkbox"/> 1 Person	<input type="checkbox"/> \$0 - \$17,200	<input type="checkbox"/> \$17,201 - \$28,700	<input type="checkbox"/> \$28,701 - \$45,850	<input type="checkbox"/> Over \$45,850
<input checked="" type="checkbox"/> 2 Persons	<input type="checkbox"/> \$0 - \$19,650	<input type="checkbox"/> \$19,651 - \$32,800	<input type="checkbox"/> \$32,801 - \$52,400	<input type="checkbox"/> Over \$52,400
<input type="checkbox"/> 3 Persons	<input type="checkbox"/> \$0 - \$22,100	<input type="checkbox"/> \$22,101 - \$36,900	<input type="checkbox"/> \$36,901 - \$58,950	<input type="checkbox"/> Over \$58,950
<input type="checkbox"/> 4 Persons	<input type="checkbox"/> \$0 - \$26,500	<input type="checkbox"/> \$26,501 - \$40,950	<input type="checkbox"/> \$40,951 - \$65,500	<input type="checkbox"/> Over \$65,500
<input type="checkbox"/> 5 Persons	<input type="checkbox"/> \$0 - \$31,040	<input type="checkbox"/> \$31,041 - \$44,250	<input type="checkbox"/> \$44,251 - \$70,750	<input type="checkbox"/> Over \$70,750
<input type="checkbox"/> 6 Persons	<input type="checkbox"/> \$0 - \$35,580	<input type="checkbox"/> \$35,581 - \$47,550	<input type="checkbox"/> \$47,551 - \$76,000	<input type="checkbox"/> Over \$76,000
<input type="checkbox"/> 7 Persons	<input type="checkbox"/> \$0 - \$40,120	<input type="checkbox"/> \$40,121 - \$50,800	<input type="checkbox"/> \$50,801 - \$81,250	<input type="checkbox"/> Over \$81,250
<input type="checkbox"/> 8 Persons	<input type="checkbox"/> \$0 - \$44,660	<input type="checkbox"/> \$44,661 - \$54,100	<input type="checkbox"/> \$54,101 - \$86,500	<input type="checkbox"/> Over \$86,500

Please also indicate if:

- The head of household is a person with a disability
- The head of household is female
- The head of household is elderly (62 or older)

Ethnicity: (must select one)

- Hispanic or Latino
- Not Hispanic or Latino

Race of Head of Household (must select one)

- White Black/African American Asian
- American Indian/Alaskan Native & White Asian & White
- Other Multi-Racial
- American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
- Black/African American & White American Indian/Alaskan Native & Black/African American

Mailing Address: _____

"Any false statements made knowingly and willfully may subject the signer to penalties under Section 1001 and 1010 of Title 18 of the United States Code".

Interviewer Signature _____ Date _____
 Respondent Signature _____ Date _____



Permission for Release of Information

Your signature on this Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes ProJeCt of Easton to obtain information from a third party relative to your eligibility and continued participation in any housing assistance program administered by ProJeCt of Easton.

I/we authorize:

- the release of any information, including documentation and other materials, necessary to verify eligibility and continued participation in any housing assistance program administered by ProJeCt of Easton.
- ProJeCt of Easton to obtain information about me or my family that is pertinent to the determination of my eligibility and continued participation in any housing assistance program administered by ProJeCt of Easton.
- ProJeCt of Easton to obtain and share information pertinent to any payments made on my behalf.

CONDITIONS

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in ProJeCt of Easton housing programs. A new release will be signed whenever there is a change in the adult membership of the household. I/we agree that photocopies of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated.

Head of Household Signature

Head of Household Printed Name

Date

Adult #2 Signature

Adult #2 Printed Name

Date

Adult #3 Signature

Adult #3 Printed Name

Date

Adult #4 Signature

Adult #4 Printed Name

Date



200 Ferry Street – Easton – PA 18042
Phone: 610-258-1100 Fax: 610-258-7253

SELF-DECLARATION OF INCOME
To Prevent, Prepare For and Respond to the Coronavirus

Applicant Name: _____

This is to certify the income status for the above-named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
• The net income earned from the operation of a business, I.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
• Monthly interest and dividend income credited to an applicant's bank account and available for use.
• The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
• Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
• Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
• Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
• All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

Applicant Signature: _____ Date: _____

I further certify that this funding is needed to respond to the effect of the coronavirus.

Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: _____ Date: _____

Project of Easton Staff Verification: I understand that a third-party verification is the preferred method of certifying income for rental assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification. (Staff signature not required for declaration of need for funding due to COVID)

Project Staff Signature: _____ Date: _____

Project

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NO INCOME or CASH INCOME

I, _____, verify that I'm receiving work compensation in the form of cash.

Employer _____

Frequency _____

Amount: \$ _____

I currently support myself by:

SIGNATURE _____ DATE _____

Additional Comments:

I, _____, verify that I have NO income of any source at this time, and am currently being supported by _____.

SIGNATURE _____ DATE _____

Additional Comments:

Harassment, Sexual Abuse & Molestation Response Plan

Rights and Responsibilities

Acknowledgment Form

I acknowledge that I have received and read the Project of Easton Harassment, Sexual Abuse and Molestation Response Plan, which includes our Diversity and Inclusion Statement, Rights and Responsibilities, Incident Reporting, and Sexual Abuse and Misconduct Prevention Policy. I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of discrimination, harassment and sexual abuse or misconduct as set forth in the policy, including retaliation against any employee, volunteer, participant or visitor exercising his or her rights under the policy.

I acknowledge that I will be alerted when changes and updates are made to the Harassment, Sexual Abuse & Molestation Response Plan and will be responsible for reading and complying with these updates.

Employee/Student/Participant/Volunteer's Printed Name

Employee/Student/Participant/Volunteer's Signature

Please check:

_____ Employee

_____ Client/Student/Participant

_____ Volunteer

Date