Stark County Job & Family Services

Emergency Rental Assistance (ERA) Program Application Packet

This application packet can be completed:

- By tenants or landlords on a tenant's behalf
- For assistance with delinquent monthly rental payments that are:
 - 1. for any month(s) beginning March 13, 2020 through the current date; and,
 - 2. the result of the COVID-19 pandemic.
- For assistance with a new (current) Security Deposit and 1st Month's Rent at a new rental address

You cannot apply for assistance for months in which you already received Rental Assistance benefits from another community or government agency in 2020-21.

The provision of false information may result in legal action, including potential recoupment and prosecution for fraud.

To be considered a complete application, both parties must work together to ensure that:

- ALL sections are completed in-full; and,
- Verifications are provided where indicated.

Required verifications include:

- The past 30 days of income for all household members or the household's filed 2020 tax return,
- Proof of your residency at your rental address including your monthly rent amount,
- Proof of your identity; and,
- Proof of your hardship due to COVID-19.

If an application is incomplete or required verifications are not provided, the ERA determination will pend and a follow-up Request for Verifications (ERA003) checklist will be mailed to the applicant at the address provided. Failure to provide a complete application or required verifications will result in application denial.

You may return the completed applications and the required verifications by any of the following methods:

- 1. Return mail via the United States Postal Service in the provided postage-paid envelope
- 2. Drop off at Stark County Job & Family Services Midtown Plaza location at 221 3rd Street S.E., Canton, OH 44702
- 3. Email to Stark_Rental@jfs.ohio.gov
- 4. Fax at 330-451-8925

Eligibility will be determined based on income in comparison to Stark County's Average Median Income, not by date of application receipt.

Upon eligibility determination, a Disposition Notice (ERA006) will be mailed to the applicant at the address provided.

Stark County Job & Family Services

221 3rd Street S.E. Canton, Ohio 44702

Phone: 330-451-RENT (7368) Fax: 330-451-8925 E-mail: Stark_Rental@jfs.ohio.gov

Emergency Rental Assistance (ERA) Application

Name of Applicant		Social Security Number	Conta	ct Phone Number
Rental Address		City	Zip Co	de
1. Individual Demographic The following must be provided to ensurace: ☐ American Indian or Alaskan N ☐ Native Hawaiian or Pacific Isla	ure compliance	e with Federal Fair Housing & Equa		, ,
Ethnicity: Hispanic or Latino Note that the state of	on-Hispanic or	Latino	to vote?	
Yes, I want to register.	☐ No, I	do not want to register to vote.		
f you want to register, you must comp	olete and retur	n the included Voter's Registration	on form.	
s anyone in your home <u>currently</u> receiv Assistance Program (SNAP)? [Not P-EB ⁻	0 0	•	ough the S	Supplemental Nutrition
2. Household Composition				
Please list all persons, including yoursel	lf, who live at t	the address listed above.		
Legal Name	Birthdate	Social Security Number or Alien Number	Gender	Relationship
		Alleli Nullibei		Self

Legal Name	Birthdate	Social Security Number or Alien Number	Gender	Relationship
				Self

Attach additional pages if necessary

3. COVID-19 Hardship To gualify for ERA, you must have a verifiable hardship caused by COVID-19. You are required to provide documentary evidence of your hardship. Please mark the specific hardship that you suffered: A. Receipt of Unemployment Benefits due to COVID-19 (e.g. business closure, layoff, etc.) – must be verified by proof of receipt of Unemployment Compensation or a written attestation. B. Reduction of Household Income due to COVID-19 (e.g. lost hours/wages due to a positive test result, the need to quarantine, or the loss of childcare, etc.) – must be verified by an employer's statement or pay stubs showing the decrease. C. Incurred Significant Costs due to COVID-19 (e.g. increased food, utility, or childcare expenses due to being at home for extended periods, etc.) – must be verified by receipts or past due notices for stated expenses. 4. Rental Housing Instability To qualify for ERA one or more individuals in the household must be at risk of experiencing homelessness or housing instability. Applicants who were made homeless by COVID-19 may also qualify. You are required to provide documentary evidence of your rental housing instability such as a past due rent notice, eviction notice, past due utility bill, or proof of an unsafe or unhealthy living condition. Please mark the specific situation that you have experienced: A. Past due rent notice or eviction notice B. Past due utility bills or disconnection notices C. Unsafe or unhealthy living conditions including homelessness 5. Emergency Rental Assistance Needed You can apply for ERA to assist you with one of two situations: a.) payment of a security deposit + first month's rent at a

You can apply for ERA to assist you with one of two situations: a.) payment of a security deposit + first month's rent at a new residence; or, b.) past due monthly rental fees. Which service are you applying for?

☐ Security Deposit + First Month's Rental Fee	☐ Past Due Monthly Rental Fees

a. Security Deposit + First Month's Rental Fee

What is your new rental address?

If you are applying for help with a security deposit + first month's rental fee, please complete the information in this section. If you are not, you may skip to the 'Past Due Monthly Rental Fees' section b.

How much is your new Security Deposit?	How much is your new monthly rent?	
What is your landlord's name and address?		
When do you anticipate moving into your new rental	address?	

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b. Past Due Monthly Rental Fees

If you are applying for help with past due monthly rental fees, please complete the information in this section. If you are
not, you may leave this section blank.
Current monthly rent amount:
Please list the delinquent months and rental amounts for which you are applying for ERA.

Month/Year	Past Due Amount	Month/Year	Past Due Amount
1.		7.	
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

6. Household Income

To qualify for ERA, the household income must be at or below 80% of the Area Median Income (AMI) for Stark County. Those applicants whose income is below 50% of the Stark County AMI will be prioritized for approval. **You are required to provide documentary evidence of everyone's income.** Please list the <u>current</u> monthly income that is received by all household members:

"Income" is money you get from sources like your job (including self-employment), Unemployment, Social Security, Veterans Affairs, Workers Compensation, Alimony, retirement funds, or friends/family.

Name	Income Source	Monthly Amount

Attach additional pages if necessary

7. Tenant Attestation

Please write your name in the blank below	for the following statement:	
By submitting this application, I,	, declare that	all the information provided is true.
I understand that providing false information for fraud. I understand that payment will be		
Please initial each statement and provide y	our signature at the bottom of the	form.
I, or someone in my home,	has/had a loss of income as a direct	result of the COVID-19 pandemic.
Briefly describe the loss of income below (p	roof of income loss/unemployment	benefits must be provided):
I have not received rental a If you did receive Rental Assistance from an it, what months were paid and how much a	y other community or government p	any month listed on this application. brogram in 2020-21, what program was
Program	Months Paid	Amount Paid
If you did not receive Rental Assistance from the above box blank.	any other community or governme	 nt program in 2020-21, write NA or leave
I will not submit multiple ap County Job & Family Services.	oplications for Emergency Rental Ass	sistance for the <i>same months</i> to Stark
I will not apply for assistance months if I am approved for Emergency Rer		ernment rental program for the same & Family Services.
By signing below, I am applying for Emerger completely accurate. I understand that my of benefits or services.	-	-
Signature:		Date:

8. Landlord Attestation

This section MUST be completed by the Landlord/Property Owner for the application to be complete.

Landlord DBA/Name	Ph	one Number	Date
Landlord Mailing Address	Cit	У	Zip
Check appropriate box for	organization type: Indiv	idual/Sole Proprietor 🛭 Mul	ti-Shareholder Corporation
	\square Single-Shareholder C	orporation \square Partnership \square	☐ Non-Profit Organization
Tenant Name & Renta	al Property Address		
City		Zip	
•			′es □ No
Does this rental amount in If yes, please list additiona	clude any other expenses (uti I expenses charged monthly a n their rent at the address liste	ities, garage, pet fees)?	
If yes, please list additiona Is the tenant delinquent or If yes, please indicate each	clude any other expenses (utile lexpenses charged monthly and their rent at the address lister month and the amount they	ities, garage, pet fees)?	
Does this rental amount in If yes, please list additiona	clude any other expenses (uti I expenses charged monthly a n their rent at the address liste	ities, garage, pet fees)?	
Does this rental amount in If yes, please list additiona Is the tenant delinquent or If yes, please indicate each Month	clude any other expenses (utile lexpenses charged monthly and their rent at the address lister month and the amount they	ities, garage, pet fees)?	
Does this rental amount in If yes, please list additiona Is the tenant delinquent or If yes, please indicate each Month 1.	clude any other expenses (utile lexpenses charged monthly and their rent at the address lister month and the amount they	ities, garage, pet fees)?	
Does this rental amount in If yes, please list additiona Is the tenant delinquent or If yes, please indicate each Month 1.	clude any other expenses (utile lexpenses charged monthly and their rent at the address lister month and the amount they	ities, garage, pet fees)?	
Does this rental amount in If yes, please list additional Is the tenant delinquent or If yes, please indicate each Month 1. 2.	clude any other expenses (utile lexpenses charged monthly and their rent at the address lister month and the amount they	ities, garage, pet fees)?	

Landlord Attestation (cont'd.)

List all persons who currently reside (or will reside) at the rental property address noted above:

Name	Name
Please write your name in the blank below for the follow	ving statement:
By participating in the submission of this application I, information provided is true. I declare that I am the owne Rental Assistance.	, declare that all the er/landlord of the property and tenant requesting Emergency
I understand that providing false information may result in for fraud.	n legal action, including potential recoupment and prosecution
Please initial each statement and provide your signature	at the end of the form.
I have not received rental assistance for the months listed on this application.	his tenant/rental address from any other source for the <i>same</i>
I will not submit multiple applications for the <i>same months</i> to Stark County Job & Family Services.	Emergency Rental Assistance for this tenant/rental address for
	her community or government rental program for this red for Emergency Rental Assistance by Stark County Job &
I agree to accept direct payment from the Emergency Rental Assistance at the address listed on this directly to the tenant.	e Stark County Auditor/Stark County Job & Family Services for application. I understand that payment will not be made

I agree that by accepting payment through the Stark County ERA program, I will not pursue eviction against the affiliated tenant based on any months for which ERA payment is received. I have completed the enclosed Stark County, Ohio Substitute Form W9/Ohio Reporting Form Request for Taxpayer Identification Number. If you choose not to provide the above form at this time, the agency may contact you in writing to obtain a completed version of the form. Please be advised that this will result in a delay in the approval process. I agree to accept payment via direct deposit to my bank account and I have completed the enclosed Stark County Auditor Authorization Agreement for Automatic Deposit (ACH Credits) form. If you choose this payment method but do not provide the above form at this time, the agency will contact you by writing to obtain a completed version of the form. Please be advised that this will result in a delay in the approval process. No, I do not want payment made by direct deposit. I want payment by paper warrant sent to the declared mailing address. By signing below, I am applying for Emergency Rental Assistance (ERA) and attest that the information provided is completely accurate. I understand that my information may be shared with other agencies to mitigate any duplication of benefits or services. Signature: _____ Date: _____

Landlord Attestation (cont'd.)

Stark County Emergency Rental Assistance (ERA) Program

Frequently Asked Questions (FAQ)

What will the ERA program pay for?

The Stark County ERA program will potentially pay for:

- Rental arrears dating back to March 13, 2020 not to exceed 12 months
- The security deposit and first month's rent at a new residence
- Legal mediation and/or services related to a potential or impending eviction

Who is the ERA program for?

The Stark County ERA program is for renter households in which one or more individuals meets the following criteria:

- 1.) Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19,
- 2.) Demonstrates a risk of experiencing homelessness or housing instability; and,
- 3.) Has a household income at or below 80% of the area median income. (Households at or below 50%, or in receipt of SNAP benefits, will be prioritized for assistance.)

When can I apply for the ERA program?

The Stark County ERA program will begin accepting applications on Monday, April 12, 2021.

What will I need to provide to apply for the ERA program?

- 1.) Proof of identity,
- 2.) A completed ERA application (ERA001),
- 3.) Verification of the most recent month's income, or their 2020 Adjusted Gross Income (from tax filing),
- 4.) Verification of the COVID-19 -related hardship,
- 5.) Verification of the monthly rental fee delinquency or the need for assistance with a security deposit and first month's rent payment; and,
- 6.) Completed W-9 Substitute Tax and Automatic Deposit forms from the landlord

How do I apply for the ERA program?

The ERA application packet may be submitted to Stark County Job & Family Services by one of four methods:

Via the United States Postal Service (USPS); drop off at Stark County Job & Family Services' Midtown Plaza location at 221 3rd Street S.E., Canton, OH 44702 using either the agency drop-box at the front of the building or the front desk; email to: <u>Stark_Rental@jfs.ohio.gov</u>; or fax to: 330-451-8925.

How will my application for the ERA program be processed?

Applications will be gathered daily by SCJFS employees with the intent to process all applications within 30 days of receipt to the highest extent possible. Eligibility will be predicated on the tenant's ability to demonstrate that they meet all eligibility criteria. Those households at, or below, 50% of the area median income will be prioritized.

How will I learn if my application for the ERA program is approved?

When a determination of eligibility has been made on and ERA application, SCJFS shall mail or otherwise deliver a Disposition Notice (ERA006) to both the tenant and landlord which includes information specific to the approved or denied direct benefit and notification of the applicant's County Conference rights.

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