

# NH ERA Application & Attestation

## Tenant

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### Tenant Information

Tenant Contact Information

First Name \_\_\_\_\_

Middle \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_



Applicant's Race  White  Black  Asian  American Indian/Alaska Native

Native Hawaiian or Other Pacific Islander  Other Race

Applicant's Gender  Male  Female

Applicant's Ethnicity  Hispanic/LatinX  Non-Hispanic/LatinX

Applicant's Date of Birth \_\_\_\_\_

### Other Household Members

Please list everyone who lives with you (you do not need to include yourself here)

First Name	Middle	Last Name	Suffix	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Do you have a different mailing address?

 Yes No

If yes, what is it? \_\_\_\_\_

## Eligibility

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Estimated Yearly Household Income \$ \_\_\_\_\_

Take income from last month and multiply by 12

### Financial Hardship Due to Pandemic

If you are currently receiving or have received benefits since January of 2020 from any of the following programs, you may be automatically income-eligible for the NHERAP. Please select one of the programs in which you are participating.

SNAP (Food stamps)

SSI (not Social Security retirement or disability)

Aid to the Needy Blind (ANB)

WIC

Head Start

FANF/TANF

Old Age Assistance (OAA)

Fuel Assistance (not all areas)

Electrical Assistance Program

Other

One or more people in my household qualified for unemployment benefits after March 13, 2020.

Yes  No

Has anyone in your household been unemployed for 90 days before and including the date of this application?

Yes  No

One or more people in my household had their income reduced because of the pandemic.

Yes  No

One or more people in my household has had big extra expenses (medical expenses, childcare, PPE, Penalties, Internet cost, for example) because of the pandemic.

Yes  No

Please Explain Financial Hardship

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## Housing Risks: Do you have any of the following?

Past Due Utility Bill  Yes  No

Past Due Rent Notice  Yes  No

Eviction Notice  Yes  No

### At-risk of homelessness; paying more than 30% of income for rent and utilities

Yes  No  Unsure

### Unsafe or unhealthy living conditions -- Check any that apply

Housing which does not meet minimum standards, and local minimum requirements for use and occupancy, including NH RSA:48-A:14

Presence of mold or lead paint hazards

Utilities not in service

No heat

City code notice of violation(s)

Overcrowded (more than two persons per bedroom) or staying with relatives

## Landlord & Utility Information

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What are you applying for?

Current Rent and/or Past Due Rent Assistance

Current Utility and/or Past Due Utility Assistance

Other Expenses Related to Housing

## Rental Assistance

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Landlord \_\_\_\_\_

LandlordPhoneNumber \_\_\_\_\_

Landlord's Email \_\_\_\_\_

This speeds up the application process.

Landlord's Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Monthly Rental Payment \_\_\_\_\_

Amount Past Due to Landlord \_\_\_\_\_

My household pays this per month.

Please enter the amount you owe your landlord for rent, utilities, and/or late fees from March 13, 2020 through the application date. (We will pay fees if they are legal and included in your lease.)

**Payment Request.** I am seeking payment for the amounts past due and the next three months of rent. I understand that I can apply for future 2021 rent payments.

**No Other Governmental Rental Assistance.** No other governmental rental assistance will pay or has paid the above past due rent and future rent.

**NHERAP is a statewide program** and Rockingham County may provide a rental assistance program under the same federal law. If you are a resident of Rockingham County applying for assistance under NHERAP you are certifying that you have not received benefits from the Rockingham County program.

Confirm you have read the above information. \*

## Utility Arrearages / Past Due

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List past due utility bills you cannot pay. You will be asked to provide copies of bills.

Utility Provider	Type of Utility	Amount Past Due
_____	_____	_____
Utility Provider	Type of Utility	Amount Past Due
_____	_____	_____
Utility Provider	Type of Utility	Amount Past Due
_____	_____	_____

## Current Utility Bills

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List current utility bills you cannot pay. You will be asked to provide copies of bills.

Utility Provider	Type of Utility	Amount
_____	_____	_____
Utility Provider	Type of Utility	Amount
_____	_____	_____
Utility Provider	Type of Utility	Amount
_____	_____	_____

## Other Housing Expenses

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Expenses such as internet or relocation costs. You will be asked to provide copies of bills.

Provider	Amount
_____	_____
Provider	Amount
_____	_____
Provider	Amount
_____	_____

# ATTESTATION

By signing the application electronically, I am allowing the Community Action Partnership (CAP) to which I am applying to collect and share my information with other programs within CAP and their outside partners including but not limited to other NH CAPs, New Hampshire Housing Finance Authority, **New Hampshire Employment Security**, landlord, lessor, and utility provider for the purpose of assessing my needs for emergency housing, utility assistance, food, counseling, and/or other services and providing benefits. **I further authorize New Hampshire Employment Security to provide information relative to my application for and receipt of unemployment benefits to New Hampshire Housing Finance Authority for purposes of determining eligibility for this program.** I also understand that I will be screened for other program services and eligibility. I release the CAP and State of New Hampshire from any and all liability which may result from providing such information as it pertains to me or members of my household. By signing the application, the applicant certifies that all information provided is correct and that failure to provide correct information or misrepresentation, falsifying or failure to disclose information could result in the household being denied emergency housing assistance.

I certify, attest, and affirm under penalty of perjury that above information is complete and accurate to the best of my knowledge and belief. I authorize the US Department of Treasury, the New Hampshire Housing Finance Authority, and the State of New Hampshire to verify and investigate such information with my full cooperation at any time. I understand that providing false or misleading statements or omissions to the United States government, the New Hampshire Housing Finance Authority, and the State of New Hampshire on this application and attestation may result in federal and state criminal and civil actions for fines, penalties, damages, or imprisonment.

I have read and understand the above attestation. I am signing this Application, Release of Information, and Attestation by electronically entering my name below or providing a wet signature.

**Signature of Applicant** \_\_\_\_\_

**Print Applicant Name Here** \_\_\_\_\_

**Date** \_\_\_\_\_

**Did someone help you fill out this application?**       Yes       No

**If yes, Print Name of Helper** \_\_\_\_\_

**Signature of Helper** \_\_\_\_\_      **Relationship** \_\_\_\_\_

**Nondiscrimination Policy:** New Hampshire's Emergency Rental Assistance Program prohibits discrimination based on race, color, creed, religion, sex, age, national origin, marital status, sexual orientation, familial status and physical or mental disability.

## **We will need copies of the following documents:**

- Proof of income - 2020 Tax forms; or last month of Paystubs; or Benefit Determination letter for WIC, SNAP
- Current Utility Bills
- Proof of Residency
- Proof of Rent Amount