

NH ERA Application & Attestation (Certification)

Tenant



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

Applicant's Gender Male Female Nonbinary

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

Estimated Yearly Household Income \$ _____

Take income from last month and multiply by 12

By signing this application, I attest (certify) that my household's Yearly Income is: \$ _____.

I understand I do not need to have documentation of all household members income when submitting this application and I can provide it at a later date. The CAP can determine when self-attestation (certification) alone is allowable.

If you, or anyone in your household, qualified for any of the following benefit programs on January 1, 2020 or later you are income-eligible for NHERAP assistance and only your benefit letter will be requested for income documentation.

SNAP (Food stamps)

FANF/TANF

SSI (not Social Security retirement or disability)

Old Age Assistance (OAA)

Aid to the Needy Blind (ANB)

Fuel Assistance (not all areas)

WIC

Electrical Assistance Program

Head Start

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

Yes— if yes, skip to Questions about Housing Risks

No— if no, answer the following questions

One or more people in my household had a financial hardship:

Because of the Covid-19 pandemic (directly or indirectly).

Yes

No

During the Covid-19 pandemic.

Yes

No

One or more people in my household had their income reduced.

Yes

No

One or more people in my household has had extra expenses (medical expenses, childcare, PPE, penalties, internet cost, for example).

Yes

No

Please explain any loss of income, extra expenses, or other financial hardship:

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

If you do not have any of the above bills or notices, are you:

Paying more than 30% of income for rent and utilities; at risk of homelessness;

Yes No Unsure

Or, living in unsafe or unhealthy 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

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

Landlord _____

Landlord Phone Number _____

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 up to three months of rent, utilities, and other housing expenses. I understand that I can apply for future assistance payments three months at a time.
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

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

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

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

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

ATTESTATION (CERTIFICATION)

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 (certification). I am signing this Application, Release of Information, and Attestation (Certification) 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** _____

Email Address of Helper _____ **Phone # of Helper** _____

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.

Please provide the following documents with your application if you have them immediately available. If they are not available, submit your application and the CAP can determine when your attestation (certification) is all they need to process your application or if additional documents are required:

- Proof of income – a Benefit Determination letter for WIC, SNAP, etc.; OR 2020 Tax forms (2021 tax forms after 1/31/22); OR last month of paystubs or other documentation of income; .

The following documents are required for payments to be processed.

- Current Utility and Internet Bills (if assistance paying utilities and internet is requested)
- Proof of Residency – required for payment (lease or bill with your name and address, or landlord confirmation)
- Proof of Rent Amount (if assistance paying rent is requested) – notice of rent demand or other written evidence of past due rent and the months the past due rent covers; lease or proof of monthly payment for forward rent; W9 for landlord. The CAP will ask your landlord for these documents if you are not able to provide it.