



WHAT'S NEXT?

Here are some things you can do to help us in making timely decisions on the large volume of applications we receive.

- Please do not contact us about your application. If we need more information from you, we will contact you in writing.
- If we have already asked you for more information, please send it right away or bring all requested information with you to your appointment, if one has been scheduled. We cannot complete your application until we receive the requested documents.
- Please do not send cell phone photos or screen shots of documents or requested information. We cannot accept them.
- You and your landlord will receive a notice in the mail once your application has been processed.
- We encourage you to utilize the other supports on the list included with your application packet in order to prevent an eviction or utility disconnection from occurring.

HAVE YOU INCLUDED THE FOLLOWING WITH YOUR APPLICATION?

- PHOTO ID FOR ANYONE AGES 18 AND OLDER (MUST BE FOR CURRENT RESIDENCE)
- SOCIAL SECURITY CARDS FOR ANYONE AGES 18 AND OLDER
- SOCIAL SECURITY CARDS OR ACCEPTABLE ALTERNATIVE FOR CHILDREN UNDER AGE 18
- PROOF OF INCOME FOR THE PAST 30 DAYS
- PROOF OF A DECREASE IN INCOME OR INCREASE IN EXPENSES OCCURING IN THE PAST 6 MONTHS
- ALL UTILITY BILLS FOR ANY BALANCE OR UTILITY YOU ARE REQUESTING HELP WITH (OR A DETAILED STATEMENT OF ARREARS FROM YOUR UTILITY COMPANY. STATEMENTS MUST INCLUDE AMOUNT OWED FOR EACH MONTH THAT YOU OWE ARREARS FOR.
- LANDLORD CERTIFICATION COMPLETED AND SIGNED BY THE LANDLORD
- DETAILED STATEMENT OF ARREARS FORM FROM THE LANDLORD, IF ARREARS ARE OWED
- W-9 FROM THE LANDLORD (THEY MAY FAX THIS FORM TO OUR OFFICE DIRECTLY IF PREFERRED)
- LEASE OR RENTAL AGREEMENT

If you are re-applying after having previously received ERAP assistance, please ALSO provide the following:

- Certificate of completion for the "Become a Great Tenant in Bradford County Course" found at: www.bradfordcountypa.org/housing, and
- Proof of progress made towards stabilizing your housing situation since you last applied

IMPORTANT! IF YOU DO NOT HAVE AN INCOME, OR IF YOUR RENT IS HIGHER THAN YOUR INCOME CAN AFFORD TO PAY, THEN AN APPOINTMENT WILL BE REQUIRED. PLEASE CALL 570-265-1760, EXT. 2947 AND REQUEST AN APPOINTMENT TO COMPLETE A HOUSING STABILITY PLAN.

BRADFORD COUNTY HUMAN SERVICES - HOUSING ASSISTANCE APPLICATION

SPECIFIC CONSENT TO RELEASE INFORMATION (SUPPLEMENT TO GENERAL RELEASE)

By signing below, I authorize Bradford County Housing program staff to contact any of the following on behalf of all household members registered on my application to facility approval of my housing application and to assist my household with getting and/or keeping stable housing.

- Main Link HAP Program
 - The Bridge (Sayre, PA)
 - Salvation Army (all locations)
 - TREHAB
 - Probation/Parole
 - All law enforcement
 - Bradford County Assistance Office
 - My landlord (current/future)
 - Northern Tier Counseling
 - Children & Youth Services
 - Employer
 - Other: _____
 - Other: _____
- Main Link Certified Peer Support Program
 - Grace Connections (Towanda, PA)
 - Bradford County MH/ID/Drug & Alcohol/ID/Autism
 - Endless Mountains Mission Center
 - Bradford County Sheriff's Office
 - Local food pantries
 - LIHEAP/LIWAP
 - Any utility companies I request assistance with
 - Allied Services
 - Any hotel providing emergency shelter (if applicable)
 - Social Security Administration

I fully understand the nature of this consent and that this authorization shall remain effective for one year from the date of my signature; however, I may revoke this authorization at any time by written, dated communication to the Administrator or his/her designee.

I hereby release the Bradford County Housing Program and said person or facility from all legal responsibility and liability for acting upon this authorization, and I intend to be legally bound hereby.

DATE SIGNATURE OF CLIENT OR PERSON AUTHORIZED TO CONSENT FOR CLIENT

DATE WITNESS OR STAFF PERSON IF COMPLETED WITH ASSISTANCE

To be completed if client is physically unable to provide a signature but has indicated verbally or behaviorally, that he/she consents to obtaining information.

We affirm that, _____ was physically unable to provide a signature, understands the nature of the consent and freely gave his/her verbal or behavioral consent. This authorization shall remain effective from this date to _____ (60 days hence); however this may be revoked by verbal or behavioral communication to the Administrator or his/her designee.

DATE WITNESS

DATE WITNESS

BRADFORD COUNTY HUMAN SERVICES - HOUSING ASSISTANCE APPLICATION

PLEASE COMPLETE ALL SECTIONS – INCOMPLETE APPLICATIONS WILL BE RETURNED

NAME OF HEAD OF HOUSEHOLD: _____

ADDRESS: _____

For Homeless Only – Zip Code where you slept last night: _____

EMAIL: _____ PHONE: _____

**INCOMPLETE
APPLICATIONS
WILL BE RETURNED**

IMPORTANT: Please circle one of the following: HOMEOWNER TENANT HOMELESS

HOUSEHOLD COMPOSITION – INCLUDE ALL MEMBERS OF THE HOUSEHOLD, EVEN IF THEY ARE NOT ON YOUR SNAP CASE

Name	DOB	Age	Soc. Security #	Relationship	Gender*	Race**	Ethnicity***
				SELF			

*Gender: Male, Female, Non-binary, Other **Race: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; White; Other; Unknown/Declined ***Ethnicity: Hispanic; Non-Hispanic; Unknown/Declined

Check all that you are asking for help with	Amount	Landord or Utility Co.	Phone #	Account #
RENT	\$			
SECURITY DEPOSIT	\$			
FUEL OIL	\$			
ELECTRIC	\$			
NATURAL GAS / PROPANE	\$			
OTHER HEAT SOURCE (wood, etc.)				
WATER	\$			
EMERGENCY SHELTER				

Do you receive any subsidy to help pay your rent from another source (Section 8, Housing Choice Voucher, Rapid Rehousing, etc.)? YES / NO If so, what is the amount you are responsible for? \$_____

Have you received any help with rent and/or utilities from any of the following in the past 2 years?

Program Name	YES / NO	Amount
Main Link or Futures HAP Program		
Grace Connection		
The Bridge		
Endless Mountain Mission Center		
TREHAB (ERAP 1 or HOPE fund)		

If you previously resided in another county or state within the past two years, please list addresses on a separate piece of paper and attach. You must provide proof that either 1) you have not received ERAP in those counties or 2) details on what assistance was provided, if any.

BRADFORD COUNTY HUMAN SERVICES - HOUSING ASSISTANCE APPLICATION

Please select "YES" or "NO" from the following options:

	YES	NO
Are you currently experiencing or have you recently experienced a FINANCIAL HARDSHIP, such as a decrease in income or increase in expenses?		
If yes, was the hardship due to COVID?		
Are you at risk of housing instability or homelessness?		

UTILITY CERTIFICATION – ERAP 2 APPLICANTS ONLY – Please choose one option

- I am requesting assistance with utilities (please provide ALL bills reflected in any arrears balance, we cannot issue payment off of a disconnect notice or single bill when there are arrears.

- I am DECLINING assistance with my utilities, OR my utilities are included in my rent. I understand that if I change my mind later, assistance will not be provided for any utilities that pre-date my authorized funding period. PLEASE NOTE THE FOLLOWING:
 - o During the heating season, households who are income eligible for LIHEAP must provide proof that BOTH their cash and crisis LIHEAP benefits have been used before we can assist with heating bills.
 - o Utility assistance (except heat or certain other qualifying situations) is only available for the first three months of ERAP assistance, after which tenants should plan to pay their utilities on their own.
 - o Assistance with water/sewer bills may be provided after LIWAP has been used for income eligible households.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This form is being provided to acknowledge your receipt of our **Notice of Privacy Practices**.

What is the Notice of Privacy Practices?

The **Notice of Privacy Practices** explains how your patient health information may be used or disclosed by us. In addition, it explains your rights with regard to your patient health information, as well as our legal responsibilities. It can be found in your "keep at home" packet.

Acknowledgement of Receipt

By signing below, you are acknowledging that the Notice of Privacy Practices has been provided to you,

I, _____ (client's name)
 residing at _____ (Client's address OR zip code if homeless)

have received the Notice of Privacy Practices from Bradford County Human Services, Housing Department.

Signature: _____ Date: _____

BRADFORD COUNTY HUMAN SERVICES - HOUSING ASSISTANCE APPLICATION

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 - My landlord (current/future)
 - Northern Tier Counseling
 - Children & Youth Services
 - Employer
 - Other: _____
 - Other: _____
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 - Endless Mountains Mission Center
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 - Local food pantries
 - LIHEAP/LIWAP
 - Any utility companies I request assistance with
 - Allied Services
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DATE WITNESS

DATE WITNESS

BRADFORD COUNTY HUMAN SERVICES - HOUSING ASSISTANCE APPLICATION

**RIGHTS AND RESPONSIBILITIES
GENERAL CONSENT TO OBTAIN INFORMATION**

RIGHT TO NONDISCRIMINATION

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American sign language, etc.) Should contact the agency (State or Local) where they applied for benefit. Additionally, program information may be available in languages other than English.

To file a complaint of discrimination write to:
U.S. Department of the Treasury,
Director, Office of Civil Rights and Diversity
1500 Pennsylvania Avenue, N.W.
Washington, D.C. 20220;
Call (202) 622-1160;
Or send an email to:
crcomplaints@treasury.gov

This institution is an equal opportunity provider.

RIGHT TO CONFIDENTIALITY

We will keep your information private. It will only be used to decide which programs you may be eligible for. Any person knowingly violating any of the rules and regulations of this department shall be guilty of a misdemeanor and, upon conviction shall be sentenced to pay a fine not exceeding one hundred (\$100) dollars, or to undergo imprisonment, not exceeding six months, or both (62 P.S. section 4863)

RESPONSIBILITY TO PROVIDE INFORMATION You must give true, correct, and complete information. You must help in proving the information you give. Benefits may be denied if you fail to provide certain proof. If you are contact by Department of Human Services (DHS) or the Office of State Inspector General, you must fully cooperate with those persons or investigators.

PRIVACY ACT STATEMENT The collection of this information, including the Social Security number (SSN) of each household member is authorized under 42 U.S.C. § 405(c)(2)(C)(J-iv) and 62 P.S. §432,2(b)(3),

The information will be used to determine whether your household is eligible or continues to be eligible to participate the Emergency Rental Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other federal and state agencies for official explanation and to laws enforcement officials for the purpose of apprehending person fleeing to avoid the law. Failure to provide an SSN may result in the denial of Emergency Rental Assistance to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members If someone wants help getting an SSN (1)Call: 1-800-772-1213 or 1-800-325-0778 (TTY); or (2)Visit: www.ssa.gov

RIGHT TO APPEAL

You have the right to ask for a hearing to appeal a decision if you believe it is unfair or incorrect, or if the provider fails to act on your application for benefits. You may file the appeal through the county agency by following the information provided on the eligibility notice from the ERAP agency for your county. If you appeal, you may also request a conference with the ERAP agency before the hearing.

At the hearing, you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you.

By signing below I am confirming that I have read & understood the above information:

I hereby authorize and request the disclosure to the county office any information concerning the age, residence, citizenship, employment, income, and any additional information involving eligibility for the rental and utility assistance programs for myself. It is understood that the information obtained will only be used for determination of rental/utility assistance or other housing assistance programs.

SIGNATURE: _____

DATE: _____

ATTESTATION/CERTIFICATION

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefits. I understand that I may be required to work with other agencies as a condition of approval for assistance. I agree to provide upon request any additional documentation required (pay stubs, lease, recent bills, etc.) to aid in determining eligibility. I understand that future funding is not guaranteed, and that I may be asked to be responsible for a portion of my rent/utilities should assistance be approved.

Applicant

Date

**** CONTINUED NEXT PAGE ****

CONFIRMATION OF TENANCY – TO BE COMPLETED BY LANDLORD ONLY

Complete for ALL tenants	Date:
	Tenant Full Name(s):
	Full Street Address of Rental Unit:
	Date Rent is Due Each Month:
	Amount of One Month's Rent: \$
	Please list which utilities are included in the rent:
	Please list which utilities are NOT included in the rent:
	Does the tenant receive Section 8 or a housing choice voucher subsidy? YES / NO If yes, what is the amount that the TENANT is responsible for paying? \$ _____
	HAS TENANT RECEIVED ANY ASSISTANCE WITH THEIR RENT FROM ANY OTHER SOURCE SINCE MARCH 13, 2020? Yes / No
	If yes, please explain:

NEW tenants only	Security Deposit Amount (if still owed by tenant): \$ _____ Date Tenant can move into apartment with our guarantee of payment: _____ Amount of First Month's rent: \$ _____
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CERTIFICATION OF RENTAL ARREARS

- PLEASE LIST EACH MONTH SEPARATELY AS OUTLINED IN THE CHART BELOW.
- THE TOTAL MONTHS OF ERAP CANNOT EXCEED 18 MONTHS, INCLUSIVE OF ERAP RECEIVED THROUGH ANY OTHER AGENCIES IN ANY JURISDICTION.
- TENANTS MUST RE-APPLY EVERY THREE MONTHS TO DETERMINE IF THEY REMAIN ELIGIBLE FOR THE PROGRAM.

In addition to helping with arrears, ERAP 2 may be able to assist with up to 3 months full or partial future (forward) rent. As condition of accepting future/forward rent payments, I agree not to raise the rent while the tenant is enrolled in the ERAP 2 program.

I am willing to accept future rental assistance as noted below:

- 1 month future/forward rent
- 2 months future/forward rent
- 3 months future/forward rent

I am NOT willing to accept future rental assistance for this tenant.

I understand that any future rent authorized will be included in the same check with any arrears, late fees or other rental charges that are authorized under the ERAP 2 program, and that the tenant.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

TENANT NAME (REQUIRED IN CASE PAGES GET SEPARATED):			
PLEASE LEAST ARREARS DETAIL HERE	AMOUNT OWED (PLEASE SUBTRACT ANY PAYMENTS MADE BY TENANT OR ANOTHER SOURCE)	LATE FEES DUE FOR THIS MONTH (SHOULD NOT EXCEED 20% OF THE MONTHLY RENT AMOUNT)	COMMENTS
MONTH AND YEAR (IF NEW TENANT LEAVE BLANK)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
TOTAL EACH COLUMN:	\$	\$	
TOTAL AMOUNT DUE:	\$		

Landlord's name (please print): _____

Landlord's FULL mailing address: _____

Landlord's phone number: _____

Landlord's email (for notifications about tenant eligibility): _____

I certify that the above information is true and correct under penalty of perjury, and agree to accept ERAP, PHARE, or other program funds toward the payment of this rent/security deposit. I acknowledge that as long as I have provided a completed and signed W9, payment will be mailed directly to me from the Bradford County Treasurer. Payment will guarantee residency for the entire time period for which funding was authorized, unless the tenant otherwise does not comply with the terms of their lease. I further acknowledge that I do not expect to receive any additional funding for this tenant's rent from any source. Payments received through the above funding sources are intended for the identified tenant only and are not transferrable to other tenants. Should I evict sooner for reasons other than non-payment of rent or should the tenant vacate the residence, I will return the unused portion of the rent and/or security deposit to: Bradford County Human Services, Housing, 220 Main Street Unit 1, Towanda, PA 18848. **PLEASE INCLUDE THE TENANT'S NAME IN THE MEMO LINE WHEN RETURNING FUNDS.** Any returned security deposit at any point in the future should also be sent to the above address. Failure to return unused funds or any overpayments may result in civil or criminal penalties as allowed by law.

LANDLORD SIGNATURE: _____ **Date:** _____

****ELECTRONIC SIGNATURES NOT ALLOWED ON THIS FORM****

ATTENTION LANDLORD: THIS FORM MAY BE FAXED TO 570-265-8541 OR EMAILED TO: BCHSERAP@BRADFORDCO.ORG. WHEN SENDING, PLEASE SPECIFY WHICH TENANT THIS IS FOR, SO WE CAN LINK IT UP TO THE CORRECT CHART. THANK YOU.

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Landlord's Info:

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
 City, state, and ZIP code

Requester's name and address (optional)
 Bradford Co. Human Services
 220 Main St., Unit 1
 Towanda, PA 18848

List account number(s) here (optional)

Exempt payee

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.