

NH ERA Application & Attestation

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 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

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)

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

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

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

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

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

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

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