

CITY Rent / Utility Assistance Application

Send to:
 CITY Applications
 Community Services Department
 United Neighborhood Centers
 410 Olive Street, Scranton PA 18509

UNC is processing Rent and Utility
 For MORTGAGE Assistance Contact:
 NeighborWorks of Northeastern Pennsylvania
 815 Smith Street | Scranton, PA 18504 | (570)
 558-2490

MAIN CONTACT: First Name: _____ Last Name: _____
 (Please print clearly)

Phone: _____ Email: _____

CHECK:

I am a TENANT seeking:

- rental assistance utility assistance.

I am a PROPERTY OWNER seeking

- owner occupied mortgage assistance owner occupied utility assistance.

Do you reside in **Public Housing** utilize **Section 8?** Check for N/A

If YES, do not proceed. Please complete an ERAP (County) application.

FINANCIAL IMPACT CHECKLIST:

Which of the following apply to you or anyone within your household related to the COVID-19 pandemic?
 (Must have occurred after March 13, 2020)

Select all that apply:

- You have been laid off.
 Your place of employment has closed.
 You have experienced a reduction in hours of work.
 You must stay home to care for children due to closure of day care and/or school.
 You must stay home to care for children due to distance learning.
 You have lost child or spousal support.
 You have had an increase in expenses due to COVID-19, i.e. childcare, medical bills, etc.
 You have been unable to find employment due to COVID-19.
 You are unwilling or unable to participate in your previous employment due high risk of severe illness from COVID-19.
 You were unable to work due to contracting COVID-19
 You were unable to work due to caring for someone who contracted COVID-19
 Other

REQUIRED DOCUMENTS

- Copy of Photo ID
 Completed Application
 OECD Income Verification Form

To process your verification form, we will need **one** of the following **for all adults in the household** to verify household income.

- | | | |
|--|---|---|
| <input type="checkbox"/> Prior Year Federal Income Tax Return Or 2 months of paystubs within 6 months of application submittal | <input type="checkbox"/> State assistance including one of the following: (WIC, TANF, AFDC, DHCP) | <input type="checkbox"/> Social Security or disability checks (or bank statement showing amount of automatic monthly deposit) |
|--|---|---|
- Completed Hardship Letter

HEAD OF HOUSEHOLD AND HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD: LAST: _____ FIRST: _____

Social Sec : ____ - ____ - ____ **DOB:** ____ / ____ / ____ **Gender:** _____ **Marital Status:** _____

Address: _____
(Include Apt #, Floor Etc)

City, State, Zip: _____

Phone Number: _____ **Email:** _____

Ethnicity / Race: _____ **Primary Language:** _____

Family Type (Circle): 1 Person - 2 Parents - Single Parent - 2 Adults No Children - Multi-Generational - Other

Transportation Walk Bicycle Bus Own Vehicle Rides from Others Taxi/Ride App Other

Household Members: Please list **everyone else in your household BELOW.**
If you need more space make note and continue on back

Possible Income Types:
Job/Employment, SNAP Food Stamps, Veteran's Disability, Private Disability Insurance, Workers Comp, Child Support, Social Security: Disability, Retirement, Survivor Benefits, Alimony, Veteran's Pension or Benefits, TANF Cash Assistance, Unemployment UC, PUA

| FIRST NAME | LAST NAME | SOC SEC # | DOB | Disabled OR Veteran? | Highest Education | Relation to HOH | Race Ethnicity | Income Type | Monthly Amount |
|------------|-----------|-----------|-----|----------------------|-------------------|-----------------|----------------|-------------|----------------|
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TOTAL MONTHLY INCOME: _____

RENTAL ASSISTANCE FORM

Is your landlord aware that you are requesting rental assistance? Yes No

Do we have your written permission to contact your landlord regarding this application? Yes No

If issued, a payment will be made directly to the landlord.

LANDLORD CONTACT INFORMATION

(Check Issuance Information)

Landlord Name: FIRST _____ LAST: _____

Landlord Address: _____
(to receive a check) _____

CITY: _____ STATE: _____ ZIP: _____

LL PHONE: _____ LL EMAIL: _____

LANDLORD SIGNATURE: _____

Monthly Rent Cost: \$ _____ Day of the month rent is due _____

Please indicate the AMOUNT OWED for the months you request assistance for.

If you do not owe for a month listed, leave it BLANK.

If you made a partial payment, write the remaining AMOUNT OWED.

| MAR 2020 | APR 2020 | MAY 2020 | JUNE 2020 | JULY 2020 | AUG 2020 | SEPT 2020 | OCT 2020 | NOV 2020 | DEC 2020 |
|-------------|-------------|-------------|--------------|--------------|-------------|--------------|-------------|-------------|-------------|
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

| JAN 2021 | FEB 2021 | MAR 2021 | APR 2021 | MAY 2021 | JUN 2021 | JULY 2021 | AUG 2021 | SEPT 2021 | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|--------------|--|--|--|--|
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | |

TOTAL RENTAL ASSISTANCE REQUEST AMOUNT: \$\$ _____.

Have you received an eviction notice or past due rent notice? Yes No

Have you applied for any other type of rental assistance? Yes No

What type of assistance? _____ Received? Yes No N/A Amount: \$ _____

CITY UTILITY ASSISTANCE FORM

Please provide the **most recent bill** you request assistance for.

ELECTRICITY

PPL Other _____

TOTAL OWED \$ _____

NAME ON ACCOUNT: _____ ACCOUNT # _____

Date you fell behind: _____

Do you have a shutoff date? No Yes, Date _____

Are you enrolled in the On-Track Program? No Yes, Monthly Bill _____

GAS

UGI Other _____

TOTAL OWED \$ _____

NAME ON ACCOUNT: _____ ACCOUNT # _____

Date you fell behind: _____

Do you have a shutoff date? No Yes, Date _____

Are you enrolled in CAP or LIHEAP No Yes,

WATER

AMER. WATER Other _____

TOTAL OWED \$ _____

NAME ON ACCOUNT: _____ ACCOUNT # _____

Date you fell behind: _____

Do you have a shutoff date? No Yes, Date _____

SELF ATTESTATION STATEMENT OF COVID-RELATED HARDSHIP

Today's Date _____

Reason for Hardship:

Please write a detailed statement of the COVID related hardship that caused you to miss rent or utility payment/s. Provide the date the hardship happened (month/year) and include when the initial missing payment occurred (month/year). Note if the missed payment did NOT occur within 30 days of the hardship and explain why.

PRINTED NAME: _____

SIGNATURE: _____



- Financial assistance is available for Programs
- Financial assistance is income-based
- Availability of funds varies from year to year
- Only completed verification forms with required documents will be considered

Program Eligibility Verification Form

Name: _____ (Last) _____ (First) _____ Birth Date: (Required) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Additional persons in household:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

To process your verification form, we will need **one** of the following **for all adults in the household** to verify household income.

- Prior Year Federal Income Tax Return Or 2 months of paystubs within 6 months of application submittal
- State assistance including one of the following: (WIC, TANF, AFDC, DHCP)
- Social Security or disability checks (or bank statement showing amount of automatic monthly deposit)

NOTE: If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 800.829.1040.

I verify that all the information provided is correct, complete and accurate. I verify that the child is my legal dependent and lives with me and we reside in Scranton, Pennsylvania. If my situation changes, I agree to notify the Program Provider within 10 days or funding assistance may be revoked.

Signature: _____ Date: _____

- Please note:**
- Deadline for submission of all the required documentation is **due at the time of enrollment**.
 - All supporting documentation shall be submitted with this application.

For Official Use Only:

▪ Sub Recipient Received by: _____ Date: _____

▪ OECD Program Specialist: _____ Date: _____

▪ Approved/Denied for Funding: Yes No

Reason for Denial: _____

OECD Executive Director/Deputy Director Approval: _____ Date: _____