

**TENANT EMERGENCY RENTAL ASSISTANCE
APPLICATION & ATTESTATION**

A. TENANT INFORMATION

1. Tenant Contact Information

First Name: _____ Last Name: _____

Email: _____

Phone number: _____ Date of Birth: _____

Rental Address: _____ Unit # _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

2. Names of all other household members:

Date of Birth:

#1 First Name: _____ Last Name: _____ DOB: _____

#2 First Name: _____ Last Name: _____ DOB: _____

#3 First Name: _____ Last Name: _____ DOB: _____

#4 First Name: _____ Last Name: _____ DOB: _____

#5 First Name: _____ Last Name: _____ DOB: _____

#6 First Name: _____ Last Name: _____ DOB: _____

3. Tenant Ethnicity, Race, and Gender (Optional).

Ethnicity: Are you of Hispanic, Latino, or Spanish origin?

Yes _____ No _____

Race: What is your race?

_____ American Indian or Alaska Native

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ Multi-race (2 or more of the above)

_____ Unknown

Gender: What is your gender?

Male _____ Female _____ Other _____

B. HOUSEHOLD ELIGIBILITY

1. **Household Income.** Please provide your 2020 annual household income **OR** your current monthly household income.

2020 Annual Income Option	Current Monthly Income Option
<p>My household’s annual income for 2020 was \$ _____</p> <ul style="list-style-type: none"> • Submit 2020 IRS Form 1040s for all household members 18 years or older OR • Submit wage statements, pay stubs, IRS Form W-2, IRS Form 1099 and Schedule C if self-employed, interest statements, Form 1099 G or benefit statements from DOL ReME account if unemployed, and other income proof for all household members 18 years or older • Submit eligibility determination letter from government agency dated January 1, 2020 or later (such as TANF, HEAP, or SNAP) 	<p>My household’s monthly income as of the application date is \$ _____</p> <ul style="list-style-type: none"> • Submit last month’s wage statements, pay stubs, interest statements, unemployment benefit statements (available on DOL ReME account), and other income proof for all household members 18 years or older

Provide as much of your income information as you can. We will ask if we need more information.

If you qualify using the 2020 Annual Income Option and need help from this program later you will not need to provide this information again.

If you qualify using the Current Monthly Income Option and need help from this program later you will need to provide your monthly household income again.

2. **Financial Hardship.** You must answer “Yes” to at least one of the questions in this section to be eligible. Please answer each question.

(1) One or more people in my household qualified for unemployment benefits after March 13, 2020. Yes____ No____

If yes: Has anyone in your household been unemployed for 90 days before and including the application date? Yes____ No____

(2) One or more people in my household had their income reduced during or because of the pandemic. Yes____ No____

Explain: _____

(3) One or more people in my household has had big extra expenses (medical or internet expenses, for example) during or because of the pandemic. Yes____ No____

Explain: _____

(4) One or more people in my household has had problems with money during or because of the pandemic. Yes____ No____

Explain: _____

3. Risk for homelessness or housing instability. You must answer yes to at least one of the questions in this section to be eligible. One or more people in my household can show a homelessness or housing instability risk based on:

(1) Past due utility or rent notice or eviction notice. Yes____ No____

(2) Unsafe or unhealthy living conditions (such as overcrowding or personal safety).

Yes____ No____
Explain: _____

(3) Other issue. Yes____ No____

Explain: _____

C. RENTAL ASSISTANCE

1. Monthly Rental Payment. My household pays \$_____ per month in rent.

2. My Landlord's name and contact information.

Landlord: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Provide lease or utility bill to prove your residence.

Provide lease or rent payment receipts as proof of how much rent you owe.

If you can't provide these documents we will reach out to your landlord to confirm your residence and how much you owe.

3. Amounts Past Due to Landlord. 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 late fees if they are legal and included in your lease.)

4. Future Rent. My household rent for the next three months is:

Month _____ Rent \$ _____

Month _____ Rent \$ _____

Month _____ Rent \$ _____

5. 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, subject to program limits.

6. State or Federal Rental Assistance. No other governmental rental assistance will pay or has paid the above past due rent and future rent. If I have state or federal rental assistance, I am

applying only for my portion of the rent. If I have had a change in my income, I have told the program administrator and they changed my portion of the rent.

7. No rent increase or eviction for nonpayment. I understand that if my Landlord agrees to participate in this program, they must agree not to take any action to evict me or my household for nonpayment of rent or any related costs for the months they are paid from this program. My Landlord must also agree not to increase my rent in 2021 unless I signed a lease with a rent increase before I sent in this application.

D. UTILITY ASSISTANCE

Past Due to Utility Providers. My household owes these utility providers these past due amounts for electricity, gas, water and sewer, trash removal, or energy costs from March 13, 2020 to now:

Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____

Current Amounts Due to Utility Providers. My household owes these utility providers these current amounts for electricity, gas, water and sewer, trash removal, or energy costs:

Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____
Provider:_____	Amount Due:_____

Submit your current bill for each of the above utility providers.

E. OTHER EXPENSES RELATED TO HOUSING DUE TO COVID-19

Other expenses may include internet or relocation and other expenses associated with moving.

Provider:_____	Amount Requested:_____
Provider:_____	Amount Requested:_____
Provider:_____	Amount Requested:_____
Provider:_____	Amount Requested:_____
Provider:_____	Amount Requested:_____
Provider:_____	Amount Requested:_____

Submit bill, invoice, or evidence of payment to the provider of the service for each of the above.

ATTESTATION

I certify, attest, and affirm under penalty of perjury that the above information is complete and accurate to the best of my knowledge and belief. I authorize the US Department of Treasury, the Maine State Housing Authority, and the State of Maine 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 Maine State Housing Authority, and the State of Maine, 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 & Attestation by electronically entering my name below or providing a wet signature.

_____ Date: _____
Printed Name: _____

Did someone help you fill out this application?

Contact information of person helping you, if applicable:

Helper name: _____
Organization (if applicable): _____
Email: _____ Phone number: _____

Please submit your completed application and accompanying documentation to the Community Action Agency serving your local area, listed below.

<p>ANDROSCOGGIN AND OXFORD COUNTIES AND TOWN OF BRUNSWICK Community Concepts, Inc. 240 Bates Street Lewiston, ME 04240 Tel. 1-800-866-5588 Fax 207-784-6882 Email: rentrelief@community-concepts.org</p> <p>AROOSTOOK COUNTY Aroostook County Action Program 771 Main Street P.O. Box 1116 Presque Isle, ME 04769-1116 Tel. 207-764-3721 Fax 207-768-3021 E-mail: rentrelief@acap-me.org</p> <p>CUMBERLAND COUNTY - EXCEPT FOR THE TOWN OF BRUNSWICK The Opportunity Alliance 190 Lancaster Street, Suite 310 Portland, ME 04101 Tel. 207-874-1175 Fax 207-553-5976 Email: rentassistance@opportunityalliance.org</p> <p>FRANKLIN COUNTY Western Maine Community Action P.O. Box 200 East Wilton, ME 04234-0200 Tel. 207-860-4470 Fax 207-645-3270 Email: info@wmca.org</p> <p>KENNEBEC, LINCOLN, SAGADAHOC, AND SOMERSET COUNTIES Kennebec Valley Community Action Program 101 Water Street Waterville, ME 04901 Tel. 207-859-1500 or 1-800-542-8227 Fax 207-873-3812 Email: rentrelief@kvcap.org</p>	<p>LINCOLN AND SAGADAHOC COUNTIES Midcoast Maine Community Action 34 Wing Farm Parkway Bath, ME 04530 Tel. 207-442-7963 Fax 207-442-0122 Email: rentrelief@mmcacorp.org</p> <p>KNOX, PENOBSCOT AND PISCATAQUIS COUNTIES Penquis Community Action Program 262 Harlow Street P.O. Box 1162 Bangor, ME 04402-1162 Tel. 207-307-3344 Fax 207-973-3699 Email: covidrental@penquis.org</p> <p>WALDO COUNTY Waldo Community Action Partners 9 Field Street P.O. Box 130 Belfast, ME 04915-0130 Tel. 207-338-6809 Fax 207-930-7325 Email: rentrelief@waldocap.org</p> <p>WASHINGTON AND HANCOCK COUNTIES Downeast Community Partners 248 Bucksport Road Ellsworth, ME 04605 Tel. 207-664-2424 Fax 207-664-2430 Email: rentrelief@downeastcommunitypartners.org</p> <p>YORK COUNTY York County Community Action Corp. 6 Spruce Street P.O. Box 72 Sanford, ME 04073 Tel. 207-206-1263 Fax 207-459-2828 Email: rentrelief@yccac.org</p>
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MaineHousing Nondiscrimination Policy: MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Lauren Bustard, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330-6046, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.

If you are worried that someone you know has applied for this program and doesn't really need help, you can contact the [Maine State Auditor's Fraud Hotline](#) at (207) 624-6250 to make a report. MaineHousing also reserves the right to randomly select applications and request supporting documentation to check for program eligibility.

AUTHORIZATION TO COMMUNITY ACTION AGENCY (CAA)

TO RELEASE INFORMATION

REGARDING EMERGENCY RENTAL ASSISTANCE HOUSING STABILITY SERVICES

CAA _____
Address _____

E-mail _____
Phone _____
Fax _____

Applicant _____
E-mail _____
Phone _____
Address _____
Landlord _____
Date _____

INSTRUCTIONS: Complete and return this Release to the CAA identified above.

I grant permission to MaineHousing and the above-named CAA:

1. To provide my contact and other personal information to other state, federal, and local government entities and not for profit agencies to:
 - help me with emergency rental assistance, housing stability services, and other housing-related services; and
 - notify me of other programs administered by such government entities and not for profit agencies.
2. To contact the above Landlord for purposes of helping me obtain emergency rental or other assistance

This agreement is effective for until September 30, 2022 unless Applicant cancels this Release prior to September 30, 2022.

Print Name

Signature