Lackawanna County

Commissioners
Jerry Notarianni • Debi Domenick • Chris Chermak

Department of Human Services
Lackawanna County Government Center
123 Wyoming Avenue, 4th Floor
Scranton, PA 18503
Office: (570) 963-6790
Rent Relief
Email:rentandmortgagerelief@lackawannacounty.org
Email: humanservices@lackawannacounty.org

The CARES Rent Relief Program[1]

The CARES Rent Relief Program (CARES RRP) can help you if lost a large part of your income or your job because of the coronavirus (COVID-19) pandemic.

WHO CAN APPLY?

- Renters who have experienced job loss or a reduction in annual income due to the Coronavirus pandemic; and Landlords that have lost rental income because a renter has experienced job loss or a reduction in income as a result of the Coronavirus pandemic.
- **Renter and landlord must work together** to complete the applications and agree to the terms. Neither the county nor state can obligate either party to comply.

TO QUALIFY FOR THE PROGRAM:

- You must document at least a 30% reduction in income since March 1, 2020, related to COVID-19; or You must have become unemployed after March 1, 2020 as a result of COVID-19. To calculate the 30% reduction you use your gross income (total pay before taxes and deductions are taken out) prior to March 1, 2020 and your gross income From March 1, 2020
  Documentation examples:
  - Bank statements
  - W-2
  - Documentation from Employer notifying them of reduced hours due to COVID
- Your income may not be greater than the Area Median Income, that is the income that represents the middle income for the county where you live. Please use the chart below to see what the most you can make based on how many people live in your household. A married couple's combined income is used and is considered one renter/lessee.

LACKAWANNA COUNTY YEARLY UPPER THRESHOLD SALARY LIMIT UPON PERSON IN FAMILY

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
$50,200	$57,400	$64,600	$71,700	$77,500	$83,200	$89,000	$94,700

ASSISTANCE PROVIDED ON YOUR BEHALF:

- Up to $750/month per lessee household (or up to 100% of monthly rent); For a maximum of six months of assistance between March 1 and December 30, 2020.

[1] For Mortgage relief please refer to https://www.phfa.org/pacares/mortgage.aspx . The mortgage applications are dealt directly with PHFA, not the County.

- *Examples* – Each example assumes a 30% decrease in income and gross income under the area median income.
  - *Example 1* – Two roommates reside in a property that is $1,000 total rent. They are each on a lease that identifies their individual responsibility of $500 a month. They would each be eligible for $500.
  - *Example 2* - A married couple with $1,000 rent, would be eligible for the max of $750/per month total as the married couple is consider one lessee with combined income.

- Payments will be made to the landlord on behalf of the renter.
- Applications will be accepted beginning July 6, 2020.
- The deadline to submit applications is September 30, 2020.

WHAT YOU NEED TO DO TO APPLY:

- If you think you are eligible for this rent relief program, please go to the county page https://www.lackawannacounty.org/. Follow the instructions to download:
  - Renter Application
  - Landlord Application
  - Landlord/Property Certification
  - All 3 documents must be fully completed, with the necessary supporting documents attached, and submitted to rentandmortgagerelief@lackawannacounty.org.

Paper packets can be picked up at:

The Government Center
123 Wyoming Ave.
Scranton, PA 18503

Although the quickest method is to complete the applications and submit them to rentandmortgagerelief@lackawannacounty.org , paper packets can be dropped off at the Government Center at the address above and place in the rent relief drop box.

- ONLY COMPLETED PACKETS WILL BE REVIEWED. PLEASE ENSURE THAT THE RENTER APPLICATION, LANDLORD APPLICATION AND LANDLORD/PROPERTY CERTIFICATION ARE COMPLETE AND TOGETHER WHEN SUBMITTING

Additional information on PHFA CARES can be found on https://phfa.org/pacares/.

Attachments
LESSEE HOUSEHOLD CERTIFICATION/RENTER APPLICATION
LANDLORD APPLICATION
LANDLORD/PROPERTY CERTIFICATION

CARES RENT RELIEF PROGRAM
LANDLORD APPLICATION

REMINDER: ALL CARES RENT RELIEF PROGRAM APPLICATION AND SUPPORTING DOCUMENTS MUST BE SUBMITTED DIRECTLY TO THEIR COUNTY'S DESIGNATED CARES RRP ORGANIZATION. PARTICIPATING ORGANIZATIONS CAN BE FOUND ON THE PHFA WEBSITE AT HTTPS://WWW.PHFA.ORG/PACARES/.

LANDLORD INFORMATION

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

1. Will you accept electronic payment of funds via Direct Deposit?

   Yes ____ No ____

2. Are you able to provide the required banking information to receive the disbursement of CARES funds?

   Yes ____ No ____

3. Do you agree to waive the right to collect rent from the lessee for the months which CARES RRP assistance is being applied?

   Yes ____ No ____

NAME(S) OF LESSEE (MUST MATCH LESSEE HOUSEHOLD CERTIFICATION)	MONTHS OF ASSISTANCE REQUESTED	AMOUNT OF ASSISTANCE REQUESTED
		$
		$
		$
		$
		$
		$
		$
		$
		$
TOTAL AMOUNT OF ASSISTANCE REQUESTED (NOT TO EXCEED $4,500)		$

4. Have you provided ownership documentation for each rental unit listed above? Acceptable proof of ownership documents include, but are not limited to a copy of the deed, sales contract, most recent property tax receipt, a copy of the mortgage, or proof of homeowner's/hazard insurance from the most recent year.

   Yes ____ No ____

CARES RENT RELIEF PROGRAM
LANDLORD APPLICATION

5. Do you have either a written or oral lease agreement with your lessee(s)?

Yes ____ No ____

6. Have you and/or your lessee(s) provided a lease agreement (written) and included a third-party document that can be used to verify residency for each lessee requesting CARES RRP assistance (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address)? Please include third-party supporting documentation for both written and oral leases.

Yes ____ No ____

7. Do you attest that each lessee requesting CARES RRP assistance occupied the applicable residence between March 1, 2020, and December 30, 2020?

Yes ____ No ____

8. Do you agree not to begin any eviction proceedings for any rent within 60 days from the date rent was due within the last month for which assistance was provided?

Yes ____ No ____

9. Do you attest that all property taxes on buildings associated with any lessee listed above are paid and up to date?

Yes ____ No ____

10. Please read the Housing Quality Standards checklist on the Landlord/Property Certification. Do each of the rental properties for which CARES funds are being requested meet these guidelines?

Yes ____ No ____

NOTE: If approved to receive CARES RRP funds, landlords/property owners will be required to provide a W-9 to the county's designated organization.

PLEASE COMPLETE THE LANDLORD/PROPERTY CERTIFICATION

Landlord Name (Print): _____ **Date:** _____

Landlord Signature: _____ **Date:** _____

CARES RENT RELIEF PROGRAM

LESSEE HOUSEHOLD CERTIFICATION/RENTER APPLICATION

REMINDER: ALL CARES RENT RELIEF PROGRAM APPLICATION AND SUPPORTING DOCUMENTS MUST BE SUBMITTED DIRECTLY TO THEIR COUNTY'S DESIGNATED CARES RRP ORGANIZATION. PARTICIPATING ORGANIZATIONS CAN BE FOUND ON THE PHFA WEBSITE AT HTTPS://WWW.PHFA.ORG/PACARES/.

LANDLORD INFORMATION

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____ Email (if available): _____

RENTER HOUSEHOLD INFORMATION

Lessee(s) Name: _____

Lessee(s) Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____ Email (if available): _____

Lease Effective Dates: _____ to _____

Number of Permanent Household Residents: ___ Monthly Rent Amount: $ _____

Amount of Late/Missed Rent (rent due before March 1, 2020 is not eligible): $ _____

List month(s) with late/missed rent payments between March 1, 2020, and December 30, 2020:

_____

The following information is requested by the Federal Government for certain types of programs related to a dwelling in order to monitor compliance with equal credit opportunity, and fair housing. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation.

Do you wish to provide this information? Yes _____ No ____

Sex: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ White

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

CARES RENT RELIEF PROGRAM

LESSEE HOUSEHOLD CERTIFICATION/RENTER APPLICATION

1. Are monthly rent payments split between more than one lessee?

   Yes ____ No ____

2. Do you have either a written or oral lease agreement with your landlord?

   Yes ____ No ____

3. Have you and/or your landlord provided a lease agreement (written) **and** included a third-party document that can be used to verify residency for each lessee requesting CARES RRP assistance (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address)? Please include third-party supporting documentation for both written and oral leases.

   Yes ____ No ____

4. Do you attest that you either have or will continue to occupy that residence for every month which CARES RRP assistance funds are being applied?

   Yes ____ No ____

5. Is rent split between more than one lessee? If yes, how are payments split between lessees?

   Lessee #1 Name: _____ Amount of monthly Rent Paid by Lessee #1: $ _____

   Lessee #2 Name: _____ Amount of monthly Rent Paid by Lessee #2: $_____

   Lessee #3 Name: _____ Amount of monthly Rent Paid by Lessee #3: $_____

   Lessee #4 Name: _____ Amount of monthly Rent Paid by Lessee #4: $_____

6. Did you become unemployed after March 1, 2020 as result of the COVID-19 pandemic?

   Yes ____ No ____

7. What was the date of separation from your employer?

   _____, 2020

8. Have your work hours or wages been reduced as a result of the COVID-19 pandemic?

   Yes ____ No ____

9. Have you provided documentation for all sources of lessee income?

   Yes ____ No ____

CARES RENT RELIEF PROGRAM

LESSEE HOUSEHOLD CERTIFICATION/RENTER APPLICATION

10. Are you able to provide documentation to verify unemployment with the Department of Labor and Industry's Bureau of Unemployment Compensation?

Yes ____ No ____

11. If approved to receive CARES RRP assistance, do you agree to provide updated income documentation for all sources of income prior to payment of CARES RRP assistance of future rental assistance to the landlord/property owner of your behalf? Updated income documents should be provided to the designated organization within ten (10) days of the first payment of new employment wages.

Yes ____ No ____

By signing below, I acknowledge and understand that providing a written false statement which I do not believe to be true to PHFA is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least $1,000.

Lessee #1 Name (Print): _____ **Social Security Number:** _____

Lessee #1 Signature: _____ **Date:** _____, 2020

Lessee #2 Name (Print): _____ **Social Security Number:** _____

Lessee #2 Signature: _____ **Date:** _____, 2020

Lessee #3 Name (Print): _____ **Social Security Number:** _____

Lessee #3 Signature: _____ **Date:** _____, 2020

Lessee #4 Name (Print): _____ **Social Security Number:** _____

Lessee #4 Signature: _____ **Date:** _____, 2020

CARES RENT RELIEF PROGRAM ASSISTANCE NOTICE

If approved, lessees benefitting from CARES RRP assistance funds will be released from any obligation to pay any past due or future rent for the months which CARES RRP assistance funds are being applied. Any displacement of residents or eviction proceeding for other outstanding housing expenses will be waived for at least 60 days from the date rent was due within the last month assistance was provided.

CARES RENT RELIEF PROGRAM
LANDLORD/PROPERTY CERTIFICATION

Landlords/property owners must certify below that the information provided below is true and accurate and any CARES RRP funds received for any lessee will be applied in accordance with the approval of their application. Landlords/property owners must acknowledge that they have read the Housing Quality Standards below and certify that, to the best of their knowledge, the units for which CARES RRP funds are being applied meet the Housing Quality Standards listed below.

HOUSING QUALITY STANDARDS

Living Room:

- There are at least two working outlets or one working outlet and one working light fixture.
- There are no known electrical hazards.
- Windows and doors that are accessible from the outside are lockable.
- There is at least one window and ALL the windows are free of signs of severe deterioration and have no missing or broken panes in each room of the apartment.
- The ceiling is sound and free from hazardous defects.
- The walls are sound and free from hazardous defects.
- The floor is sound and free from hazardous defects.
- All interior surfaces are free of cracking, scaling, peeling, chipping, and loose paint. In addition, all were treated and covered to prevent the exposure of lead based paint hazards.
- Weather stripping is present and in good condition on all windows and exterior doors.

Kitchen:

- There are at least two working outlets or one working outlet and one working light fixture.
- There are no known electrical hazards.
- Windows and doors that are accessible from the outside are lockable.
- There is at least one window and ALL the windows are free of signs of severe deterioration and have no missing or broken panes in each room of the apartment.
- The ceiling is sound and free from hazardous defects.
- The walls are sound and free from hazardous defects.
- The floor is sound and free from hazardous defects.
- All interior surfaces are free of cracking, scaling, peeling, chipping, and loose paint. In addition, all were treated and covered to prevent the exposure of lead based paint hazards.
- Weather stripping is present and in good condition on all windows and exterior doors.
- There is a working oven and a stove (or range) with top burners.
- There is a refrigerator that works and maintains a temperature low enough so foods do not spoil over a reasonable time.
- The kitchen sink has hot and cold running water.
- There is a space to prepare food.

CARES RENT RELIEF PROGRAM
LANDLORD/PROPERTY CERTIFICATION

Bathroom:

- There are at least two working outlets or one working outlet and one working light fixture.
- There are no known electrical hazards.
- Windows and doors that are accessible from the outside are lockable.
- There is at least one window and ALL the windows are free of signs of severe deterioration and have no missing or broken panes in each room of the apartment.
- The ceiling is sound and free from hazardous defects.
- The walls are sound and free from hazardous defects.
- The floor is sound and free from hazardous defects.
- All interior surfaces are free of cracking, scaling, peeling, chipping, and loose paint. In addition, all were treated and covered to prevent the exposure of lead based paint hazards.
- Weather stripping is present and in good condition on all windows and exterior doors.
- There is a working toilet in the unit for exclusive private use.
- There is a working, permanently installed wash basin with hot and cold running water.
- There is a working tub or shower with hot and cold running water.
- The bathroom has operable windows or a working vent system.

By signing below, I hereby attest that the lessee will be released from any remaining obligation for any past due or future rent for which CARES RRP funding is received. I acknowledge that the Agency makes no representation or warranty regarding the condition of any property or rental unit for which CARES RRP assistance is received and that issuance of CARES RRP funding on behalf of any lessee to any landlord or property owner should not be construed as the Agency's acceptance of any property condition(s) or approval of the terms of any lease that has been provided as a part of this application.

I understand that providing a written false statement which I do not believe to be true to PHFA is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least $1,000.

Landlord Name: _____ **Date:** _____

Landlord Signature: _____ **Date:** _____

**** Please ensure you have a signed copy of the Lease Agreement and third-party documentation verifying occupancy for each lessee seeking assistance. In instances where the lease is a verbal lease= agreement between the landlord and any lessee, third-party documentation verifying occupancy is required. These documents must be submitted as part of your application. Insufficient or missing documentation may cause a delay in processing or, in some cases, a denial of the application. Additional documentation may be requested during the review of your application.*