



THE CITY of EAST ORANGE

44 CITY HALL PLAZA
EAST ORANGE, NEW JERSEY 07018
WWW.EASTORANGE-NJ.GOV

COVID-19 Rental Assistance Grant Program PHASE II

THIS GRANT IS TO ASSIST EAST ORANGE RESIDENTS WHO ARE NOT RECEIVING RENTAL ASSISTANCE OR SUBSIDY AND WHO ARE FINANCIALLY IMPACTED BY COVID-19 PANDEMIC.

Our nation and the world have been hit with economic hardships and health-related issues caused by the coronavirus pandemic. Mayor Ted Green and City Council in cooperation will administer \$600,000 in funding for relief as we navigate to our new normal. It is our goal to alleviate some of the burdens COVID-19 has placed on our most vulnerable East Orange residents.

**APPLICATIONS WILL BE ACCEPTED ON A FIRST COME FIRST SERVE BASIS
ONLY COMPLETE APPLICATIONS WILL BE REVIEWED FOR APPROVAL AND AWARD**

Monday, December 13, 2021 at 11am until funding has been expended

EAST ORANGE COVID-19 RENTAL ASSISTANCE GRANT APPLICATION - The COVID-19 Emergency Rental Assistance Grant Program provides assistance to eligible residents of the City of East who have experienced loss of income, reduction in hours or unemployment as a result of COVID-19 pandemic. To help lessen the outbreak's economic impact on residents, the program will provide emergency assistance to renters affected by shutdowns, closures, layoffs, reduced work hours, or unpaid leave due to the COVID-19 health crisis. Eligible households will receive assistance of up to \$6,000 or payment for up to six months rent, in arrears, in a one-time, lump-sum payment made directly to property owners or management companies that agree to not evict said tenant/household.

Instructions: Before you begin, ensure that you have the following information and required documents ready to submit for all family members. Submitted applications must be clear, have legible document images and be fully completed at the time of to be considered for approval and award. You are not able to save or return to a partially completed application. Completed applications are processed in the order they are received.

The East Orange Pandemic Rental Assistance Program is being administered on behalf of the City of East Orange by three local nonprofit agencies: NJSHARES, Isaiah House and the East Orange Community Development Corporation. Please only submit ONE application to ONE agency. Duplicate applications will be discovered and not considered eligible for award.

You are encouraged to carefully review the eligibility requirements in accordance with the instructions outlined below before beginning the online application. Incomplete applications will not be considered. Only upon completion of application requirements and submittal of required documentation will received applications be deemed eligible and considered for award.

Housing Initiative Income Guidelines

The applicable income limits for determining program eligibility are published by the Housing Finance Corporation and are updated annually. The applicant's gross monthly household income (for the purpose of determining program eligibility) shall be calculated according to the HUD regulations identified in the Code of Federal Regulations at 24 CFR, Part 5. Income includes gross wages, retirement, social security, disability, unemployment and any other resources or benefits received by household members age 18 and older.

Income Limits	Household Members							
	1	2	3	4	5	6	7	8
80% Area Median Income	\$55,950	\$ 63,950	\$71,950	\$79,900	\$86,300	\$ 92,700	\$99,100	\$105,500

1. Identification *(Submit ONE of the following for every family member aged 18 years or over):*

- Valid Driver's License
- Valid State Identification
- Valid Student ID from accredited institution
- Passport (if used must submit proof of residence)
- Birth Certificate (if used must submit proof of residence)

2. Verification of Income Loss and/or Current Income *(Submit ONE of the following for each household earner):*

- Social Security Card or proof of SSN is required
- Copy of most recent paystub
- If paid in cash by employer, employer must submit an official written certification from the employer with the following information:
 - Company Name
 - Employer TIN #
 - Company Address
 - Phone Number
 - Employee's Name on document
 - Hours Worked
 - Hourly Rate
 - Total Pay
- Copy of application for Unemployment Insurance/Pandemic Unemployment Assistance
- Letter from employer regarding reduced hours or job loss specifying loss is not due to poor job performance while employed.
- Self Employed individuals must submit a 1040 tax form and a signed statement and bank statement or profit loss statement.

3. Proof of Tenancy and Rent *(Submit ONE or more of the following to confirm tenancy and current monthly rent):*

- Tenancy Agreement / Notice of Rent Increase (Signed by both parties)
- Copy of Late Rent Notice or most recent account ledger showing arrears
- Letter/Affidavit from Landlord confirming tenancy and monthly rent and the LL's agreement to not evict if arrears are paid.

4. Required Landlord Contact Information *(Both the tenant and landlord's documents are required for the rental supplement to be paid):*

- Name (First Name, Last Name, Company Name):
- Address:
- Phone Number:
- Fax:
- Email:

Apply Now

If you are eligible for the rental supplement, your landlord will receive an email advising them to complete the landlord affidavit. The information below is collected to determine program eligibility and for demographic purposes only. East Orange Pandemic Rental Assistance does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities and operations.

APPLICANT INFORMATION

Full Name: _____

Full Address: _____

Date of Birth: _____

Telephone Number: (____) _____ Email Address: _____

Have you received help for your rent before? ☐ Yes ☐ No**If yes, who helped you and when?** _____**Status of Residence:** ☐ US Citizen ☐ Permanent Resident ☐ Other: _____**Race:** ☐ Asian-Pacific ☐ Black ☐ Hispanic ☐ Native American ☐ White ☐ Other: _____**Gender:** ☐ Female ☐ Male ☐ Other: _____**Are you a U.S. Veteran?** ☐ Yes ☐ No **Are you on active duty now?** ☐ Yes ☐ No

HOUSEHOLD INCOME (Proof of all income is required.)Total number of persons living in household: Adults (Include yourself): _____
Number of Minor Children and their ages: _____**Monthly Gross Income** (before deductions / include income for all adults in household): _____**Income Source(s):** ☐ Work ☐ Unemployment ☐ Worker's Compensation ☐ Veterans Benefits☐ Pension ☐ SSI ☐ Public Assistance ☐ Social Security ☐ Trust Interest ☐ Dividends☐ Alimony ☐ Child Support ☐ Other _____

TELL US ABOUT YOUR SITUATION

Please describe your temporary financial crisis and the nature of your housing problem. _____

RESIDENCE AND SUBSIDYDo you have a written lease? ☐ Yes ☐ No

Date you moved into your housing: _____

Are you a tenant of a federally subsidized landlord? ☐Yes ☐No

Do you receive rental assistance for your housing? ☐Yes ☐No

If yes, what kind of rental assistance do you receive? (Please check all that apply)

- ☐Section 8 voucher ☐SRAP voucher
☐Section 8 project-based assistance ☐Public housing (pay rent to housing authority)
☐TRA (Temporary Rental Assistance) ☐Other _____

What entity administers your rental assistance? _____

If you currently owe rent, how much rent do you owe? _____

What was the last month for which you paid the rent? _____

Eviction Action (if applicable)

Did you receive an eviction Complaint from the court? ☐Yes ☐No

What is the docket number on the Summons or Complaint? LT - _____

Has your landlord contacted you about being evicted? If so, how?

Is there any other pertinent information we should know? _____

APPLICANT CONTRIBUTION

Are you able to contribute/pay a portion of the rent that is owed? ☐Yes ☐No

If yes, how much can you contribute/pay? _____

If no, why not? _____

Certification: *I certify that the foregoing statements made by me are true. I am aware that if an East Orange Pandemic Rental Assistance program provider discovers that any of the foregoing statements made by me are willfully false, then the East Orange Pandemic Rental Assistance Program may immediately terminate all assistance and may deny any future application(s) made by me. I understand that an East Orange Pandemic Rental Assistance Program provider may contact me six months following the grant award to monitor the sustainability aspect of the program. At this time, I release information regarding my current employment status to the East Orange Pandemic Rental Assistance Program and the agency providers. I also understand that the East Orange Pandemic Rental Assistance Program may contact my landlord, lender, or tax collector at this time.*

Applicant Signature: _____ **Date:** _____



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Tenant Information Release Form

I authorize the release of information concerning my stay at properties managed by _____. This information can include but is not limited to the duration of stay, rent amounts, payment history, and issues concerning compliance with or infringement on the policies and provision in the Housing Agreement. This information may be provided to the East Orange Pandemic Rental Assistance Program provider with whom I am seeking rental assistance.

Tenant Name

Tenant Signature

Date



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Zero Income Affirmation

This page is to be completed and signed by the applicant when there are adult household members without income.

I affirm that the following adult household members have zero income and do not contribute
to my household expenses:

Applicant Signature: _____ **Date:** _____



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Co-Tenant Consent Form

This form is to be completed and signed by a co-tenant/co-borrower of a residence that has applied for East Orange Pandemic Rental Assistance who is not the applicant but is a co-tenant on the lease.

By signing this consent form, I acknowledge an application has been submitted for East Orange Pandemic Rental Assistance for a residence at which I reside. I further certify that I will not and have not made a duplicate application for pandemic rental assistance or relief for the rental arrears associated with this application and the lease for the below stated property address in which I reside with the applicant.

Applicant: _____

Name of Co-tenant: _____

Property Address: _____

Contact Number: _____ **Email:** _____

Co-tenant Name: _____

Co-tenant Signature: _____

Date: _____