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Rockland Housing Action Coalition, Inc.
120 North Main Str., Annex 1st Floor
New City, NY 10956

Tel. (845) 708 5799
Fax (845) 708 5798

Beginning May 1, 2020 rent assistance will be available for up to 3 months for individuals who are unable to pay their rent due to Covid-19. In order to qualify for a rent subsidy you need to provide evidence of the following:

- **If you could not work due to contracting the Coronavirus, provide a letter from your doctor or the Rockland County Department of Health**
- **If you could not work due to a job loss, provide a letter from your employer stating you are currently unemployed due to Covid-19**
- **If your employment hours were reduced due to Covid-19, provide a letter from your employer describing the hours you previously worked and the hours you are currently working**

Other forms you need to complete:

- **The Self Certification of Annual Income By Beneficiary Form which all household members 18 or over have to sign**
- **Violence against Woman Act Lease Addendum**
- **A signed agreement from your landlord stating he/she agrees to accept a rent payment(s) from the Rockland Housing Action Coalition. This form will be provided by the Rockland Housing Action Coalition if it is determined you are eligible for a rent subsidy(s)**
- **Contact information form for landlord**

In order to be eligible for a rent subsidy your current household income cannot exceed HUD low income guidelines which is based on the number of people residing in your household. See below:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
45,180	51,600	58,080	64,500	69,660	74,820	79,980	85,140

PLEASE NOTE: If the building is older than 1978 a lead-based inspection will be required.

If you need additional information please call the Rockland Housing Action Coalition at (845) 708 5797 ext. 203.

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120 – 126 North Main Street
Annex – First Floor
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P: 845-708-5799 F: 845-708-5786

HOME COVID-19 TBRA RENTAL ASSISTANCE APPLICATION

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information and services about housing counseling, please speak with agency staff and they will arrange alternative accommodations.

Applicant Name: _____

Current Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

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DEMOGRAPHICS - OPTIONAL
(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

Race	Ethnicity	Special Populations
☐ American Indian / Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other /Multiple Race	☐ Hispanic ☐ Non-Hispanic	☐ Disabled ☐ Veteran ☐ Senior (over 62) Single Parent ☐ More than one ☐ None

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

$_____

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (e.g.bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

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EXPENSE INFORMATION

☐ Yes ☐ No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?

☐ Yes ☐ No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?

☐ Yes ☐ No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

APPLICATION CERTIFICATION:
I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Rockland Housing Action Coalition to verify all information provided on this application.

_____	_____	_____	_____
Head of Household Signature	Date	Spouse Signature	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Landlord Information

Landlord Name: _____

Landlord Address: _____

_____

Landlord Telephone #: _____ **Fax #:** _____

Landlord Email Address: _____

Date Apartment Building was Constructed: _____