



Mayor Hector C. Lora

330 PASSAIC STREET, PASSAIC, NEW JERSEY 07055

PHONE: (973) 365-5510 / FAX: (973) 472-0436

The Coronavirus Aid, Relief, and Economic Security (CARES) Act **Homelessness Rental Assistance Prevention Application**

This program provides assistance to City of Passaic residents following the current COVID-19 pandemic, allowing for the payment of back rent for up to 3 months.

Please note that individuals receiving Section 8 Choice Vouchers are ineligible to participate in this program.

In order to qualify for this program, each applicant must provide the following information:

- Attached HUD *Self-Certification of Income* (can be completed by email, mail or dropped off in the City Hall drop-box)
- Copies of at least three forms of 3 documents providing proof of residency (such as a PSE&G bill, cable bill, rent receipt, bank statement, driver's license, etc.)
- Letter from employer stating you have lost your job or are now receiving diminished wages due to the COVID-19 pandemic
- Signed copy of current lease agreement
- Copies of last 3 paystubs
- Number of people residing in the household
- Signed letter from the landlord stating how much the applicant is in arrears, along with the best contact information for the landlord to verify this information
- In the event applicant has received an eviction notice, please provide a copy

For Utility Assistance

- Copy of current PSE&G bill indicating amount of arrears

You may email your completed application and all supporting backup as mentioned in the above checklist to Virginia Ortiz at vortiz@cityofpassaicnj.gov. Applications can also be dropped off at City Hall by **APPOINTMENT ONLY**. For any questions or appointments, please contact Virginia Ortiz at the email above, or by phone at 973-859-1359.

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.

TENANT'S CLAIM FOR RENTAL ASSISTANCE

Tenant's Name: _____

Tenant's Address: _____

Tenant's Email Address: _____

Tenant's Phone Number: _____

Number of Tenants Residing in Unit: _____

Total Months in Arrears: _____

Total Monthly Payment: _____

Total Assistance Requested: _____

Date of Claim: _____

Tenant's Certification and Declaration:

I hereby declare and certify that all of the information on this form is true and correct. I understand that my statements are subject to verification and any misrepresentation by me will be sufficient cause for rejection of this application. I understand that this statement may be verified by the City of Passaic or by the Federal Government. I understand that services are provided to all recipients without regard to race, color, or national origin, sex, marital status, religious belief, birth status, or handicap, age, sexual orientation and gender expression. I also declare and certify that I will comply with all federal rules and regulations if awarded funding under the CARES Act. If any information supplied by me in this application is determined, at any time during or after the grant period, to be incorrect, misleading or a false statement or, in the event that my actions resulted in HUD determining that CARES Act funds were improperly spent, and that money should be reimbursed to the U.S. Treasury, I understand that I will be responsible for the reimbursement of any and all CARES Act funds expended. I further understand that there may be a waiting period of up to 4 to 8 weeks for the processing of this voucher and agree to the terms mentioned in this agreement for payment.

Signature of Tenant

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 VERIFICATION OF RENT

I/We agree to rent the following to: _____

Address of Rental: _____

City/State/Zip Code: _____

Number of Residents in the Household: _____

Amount of Rent: _____ (Check One) Monthly __ Weekly __

Amount of Security Deposit: _____

Amount of Months in Arrears: _____

Rent Includes (Check all that Apply):

Furnishings Stove Refrigerator Utilities

Gas Electric Heat

Other (Specify): _____

Landlord's Printed Name: _____

Mailing Address of Landlord: _____

City/State/Zip Code: _____

Telephone: _____

Landlord's Certification and Declaration:

I hereby declare and certify that all of the information on this form is true and correct. I understand that my statements are subject to verification and any misrepresentation by me will be sufficient cause for rejection of this application. I understand that this statement may be verified by the City of Passaic or by the Federal Government. I understand that services are provided to all recipients without regard to race, color, or national origin, sex, marital status, religious belief, birth status, or handicap, age, sexual orientation and gender expression. I also declare and certify that I will comply with all federal rules and regulations if awarded funding under the CARES Act. I further understand that there may be a **waiting period of up to 4 to 8 weeks** for the processing of this voucher and agree to the terms mentioned in this agreement for payment.

Signature of Landlord

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.

La Ley de Ayuda, Alivio y Seguridad Económica de Coronavirus (CARES) **Solicitud de prevención de pérdida de vivienda asistencia para pagar alquiler**

Este programa brinda asistencia a los residentes de la Ciudad de Passaic luego de la actual pandemia de COVID-19, pagando la renta atrasada por hasta 3 meses.

Tenga en cuenta que las personas que reciben los vales de elección de la Sección 8 no son elegibles para participar en este programa.

Para calificar para este programa, cada solicitante debe proporcionar la siguiente información:

- Auto certificación de ingresos adjunta de HUD
- Copias de por lo menos 3 documentos que proporcionen prueba de residencia (como una factura de PSE&G, factura de cable, recibo de alquiler, estado de cuentas bancario, licencia de conducir, etc.)
- Carta del empleador indicando que ha perdido su trabajo o que ahora recibe salarios reducidos debido a la pandemia de COVID-19
- Copia firmada del contrato de arrendamiento actual
- Copias de los últimos 3 contra cheques
- Número de personas que residen en el hogar
- Carta firmada por el propietario indicando por cuánto está atrasado el solicitante, junto con la mejor información de contacto para que el propietario verifique esta información
- En caso de que el solicitante haya recibido un aviso de desalojo, proporcione una copia

Para asistencia de servicios públicos

- Copia de la factura actual del servicio público indicando la cantidad de atrasos

Puede enviar por correo electrónico su solicitud con todos los documentos requeridos mencionados en la lista de verificación anterior a Virginia Ortiz a vortiz@cityofpassaicnj.gov. Las solicitudes también se pueden dejar en el City Hall con cita previa. Para más información o preguntas, comuníquese con Virginia Ortiz en el correo electrónico anterior o por teléfono al 973-859-1359.

**U.S. Department of Housing and Urban Development
Community Planning and Development
Community Development Block Grant (CDBG)**

SELF CERTIFICATION OF ANNUAL INCOME BY HOUSEHOLD

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition to determine “Annual (Gross) Income”, the number of household members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, ensure that sources of income under the definition of income are included, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

All sources of income from every member of the household; including salaries and wages, social security, alimony, child support, welfare, investment income, unemployment benefits, stimulus income, other.

Household Information

First and Last Names:	Social Security # or Driver’s License #	HH	CH	DIS	62+	S≥18	<18	<15
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:
Telephone #:	Email Address:	

Income Information

Annual gross income (total of all household members) = \$ _____

COMPLETE SIGNATURES ON SECOND PAGE

**U.S. Department of Housing and Urban Development
Community Planning and Development
Community Development Block Grant (CDBG)**

SELF CERTIFICATION OF ANNUAL INCOME BY HOUSEHOLD

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD		
Signature 1	Printed Name	Date

OTHER BENEFICIARY ADULTS*

OTHER BENEFICIARY ADULTS*		
Signature 2	Printed Name	Date
Signature 3	Printed Name	Date
Signature 4	Printed Name	Date
Signature 5	Printed Name	Date
Signature 6	Printed Name	Date
Signature 7	Printed Name	Date
Signature 8	Printed Name	Date
Signature 9	Printed Name	Date
Signature 10	Printed Name	Date
Signature 11	Printed Name	Date
Signature 12	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

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.