

# TENANT EMERGENCY RENTAL ASSISTANCE APPLICATION & ATTESTATION

## A. TENANT INFORMATION

### 1. Tenant Contact Information

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

Email: \_\_\_\_\_

Phone number:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Rental and Primary 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:\_\_\_\_\_

Are any household members over the age of 18 full time students?

Yes \_\_\_\_ No \_\_\_\_

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

Ethnicity: What is your ethnicity?

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

\_\_\_\_\_ I choose not to answer

Race: What is your race?

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ I choose not to answer

Gender: What is your Gender?

\_\_\_\_\_ Female

\_\_\_\_\_ Male

\_\_\_\_\_ Nonbinary

\_\_\_\_\_ I choose not to answer

## B. HOUSEHOLD ELIGIBILITY

1. **Household Income.** Your estimated annual household income \$\_\_\_\_\_.

Please answer each question.

(1) One or more people in my household has qualified since January 1, 2020 for at least one of the following programs Yes\_\_\_\_ No\_\_\_\_:

- TANF
- SNAP
- WIC
- Head Start
- HEAP/LIHEAP/heating assistance
- Housing Choice Voucher or Section 8
- BRAP or Shelter + Care Voucher
- Rental Assistance through USDA Rural Development
- Rental assistance through any Public Housing Authority program
- Rental assistance under the HUD 202 or 811 programs

(2) Do you have a case worker or other professional that is aware of your financial situation and would attest to your household income? Yes\_\_\_\_ No\_\_\_\_

If yes, provide that person's name and all contact information: \_\_\_\_\_

Documentation may be requested at a later time.

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\_\_\_\_

If yes, please 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\_\_\_\_

If yes, please explain: \_\_\_\_\_

(4) One or more people in my household has had problems with money during or because of the pandemic. Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

**3. Housing Challenges:** You must answer yes to at least one of the questions in this section to be eligible. One or more people in my household has housing challenges including:

(1) Past due utility or rent notice. Yes\_\_\_\_ No\_\_\_\_

(2) Served an eviction notice. Yes\_\_\_\_ No\_\_\_\_

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

Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

(4) Difficulties meeting housing costs without assistance. Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

### C. RENTAL ASSISTANCE

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

**2. Other Rental Assistance.** Is a portion of your rent paid from other local, state, or federal assistance? Yes\_\_\_\_ No\_\_\_\_

**3. My Landlord's Name and Contact Information.**

Landlord: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

You may be asked to provide a lease, rent receipts, or other proof of your residence and rent amount at a later time.

**4. 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: \$\_\_\_\_\_. This amount include amounts due for each of the following months: \_\_\_\_\_. (We will pay late fees if they are legal and included in your lease.)

**5. Payment Request.** I am seeking payment for the amounts past due above and for the following number of additional months' rent (check one): 1 \_\_\_\_; 2 \_\_\_\_; or 3 \_\_\_\_ (subject to program maximums). I understand that I can apply for additional rent three months at a time up to 12 months of total past and future rent.

**6. No Other Governmental 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 any months from March of 2020 to date and for any

months they are paid from this program. My Landlord must also agree not to increase my rent greater than 5% within a 12 month period. If I am a tenant at will, my Landlord must agree not to initiate a “no cause eviction” during the months they are paid from this program.

#### D. UTILITY ASSISTANCE

**Past Due to Utility Providers.** My household owes these utility providers these past due amounts for electricity 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:

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

You will be required to provide current bill for each of the above utility providers.

#### E. OTHER EXPENSES RELATED TO HOUSING

Other expenses include security deposits and hotel/motel stays.

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

You will be required to provide a bill, invoice, or evidence of payment to the provider of the service for each of the above. Hotel/motel payments are paid directly to the provider.

#### F. OVERPAYMENT OR MISAPPLICATION OF FUNDS

I have not and will not receive other local, state, or federal assistance for any amounts paid from this program. I agree to repay MaineHousing any funds I receive that are also paid from other government assistance. I understand that if I receive rent for the above rental unit for months when I no longer live in the unit, I must repay MaineHousing for those months. I agree to use any funds I

receive for their intended purpose and understand I must repay MaineHousing any funds I use for another purpose.

## G. FRAUD HOTLINE

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.

## H. DOCUMENTATION

Would you be able to send or upload documents that may be needed to support the information provided on this application? Yes \_\_\_\_ No \_\_\_\_

If no, please explain: \_\_\_\_\_

## ATTESTATION

**Accuracy and Auditing.** I certify, attest, and affirm under penalty of perjury that all of the information I have provided in connection with this Application & Attestation 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 if I fail to cooperate, I may be required to repay funds received and may be ineligible for future payments. I understand MaineHousing may randomly select applications and request supporting documentation.

**Criminal and Civil Penalties.** 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 & Attestation may result in federal, state, and local criminal and civil actions for fines, penalties, damages or imprisonment.

**Direct Payment to Tenant.** I understand that if I receive a direct payment for rent, I must use that payment for the property listed on this Application & Attestation. I understand that if I do not use the rent payment for this property, I must repay the assistance I received or face civil action and criminal penalties.

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.

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Did someone help you fill out this application?

Contact information of person helping you, if applicable:

Helper name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**RELEASE**

I grant permission to MaineHousing and my Community Action Agency to do the following for the next twelve months:

Check all that apply:

- ☐ Share information between programs at the Community Action Agency as needed to benefit me and my family.
- ☐ 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.
- ☐ Provide my contact and other personal information to other state, federal, and local government entities and not for profit agencies to help me with housing stability services, legal representation, or other housing-related services.

I understand I may revoke this Release at any time.

I have read and understand the above Release.

I am signing this Release by electronically entering my name below or providing a wet signature.

\_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency Rental Assistance

## Community Action Agency and Cultural Based Organization contacts

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

<p><b>ANDROSCOGGIN AND OXFORD COUNTIES AND TOWN OF BRUNSWICK</b> <b>Community Concepts, Inc.</b> 240 Bates Street Lewiston, ME 04240 Tel. 1-800-866-5588 Fax 207-784-6882 Email: <a href="mailto:rentrelief@community-concepts.org">rentrelief@community-concepts.org</a></p> <p><b>Immigrant Resource Center of Maine</b> 265 Lisbon Street, Suite 2 Lewiston, ME 04240 Tel. 207-753-0061 Email: <a href="mailto:housing@ircofmaine.org">housing@ircofmaine.org</a></p> <p><b>AROOSTOOK COUNTY</b> <b>Aroostook County Action Program</b> 771 Main Street P.O. Box 1116 Presque Isle, ME 04769-1116 Tel. 207-764-3721 Fax 207-768-3021 E-mail: <a href="mailto:rentrelief@acap-me.org">rentrelief@acap-me.org</a></p> <p><b>CUMBERLAND COUNTY - EXCEPT FOR THE TOWN OF BRUNSWICK</b> <b>The Opportunity Alliance</b> 190 Lancaster Street, Suite 310 Portland, ME 04101 Tel. 207-553-5937 ext 1 Fax 207-842-3634 Email: <a href="mailto:rentrelief@opportunityalliance.org">rentrelief@opportunityalliance.org</a></p>	<p><b>LINCOLN AND SAGADAHOE COUNTIES</b> <b>Midcoast Maine Community Action</b> 34 Wing Farm Parkway Bath, ME 04530 Tel. 207-442-7963 Fax 207-442-0122 Email: <a href="mailto:rentrelief@mmcacorp.org">rentrelief@mmcacorp.org</a></p> <p><b>KNOX, PENOBSCOT AND PISCATAQUIS COUNTIES</b> <b>Penquis Community Action Program</b> 262 Harlow Street P.O. Box 1162 Bangor, ME 04402-1162 Tel. 207-307-3344 Fax 207-973-3699 E-mail: <a href="mailto:rentrelief@penquis.org">rentrelief@penquis.org</a></p> <p><b>WALDO COUNTY</b> <b>Waldo Community Action Partners</b> 9 Field Street P.O. Box 130 Belfast, ME 04915-0130 Tel. 207-338-6809 Fax 207-338-6812 Email: <a href="mailto:rentrelief@waldocap.org">rentrelief@waldocap.org</a></p> <p><b>WASHINGTON AND HANCOCK COUNTIES</b> <b>Downeast Community Partners</b> 248 Bucksport Road Ellsworth, ME 04605 Tel. 207-664-2424 Fax 207-664-2430 Email: <a href="mailto:rentrelief@downeastcommunitypartners.org">rentrelief@downeastcommunitypartners.org</a></p>
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**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](mailto:info@wmca.org)

**KENNEBEC 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](mailto:rentrelief@kvcap.org)

**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](mailto:rentrelief@yccac.org)

**ProsperityME**

175 Lancaster Street, Suite 216

Portland, ME 04101

Tel: 207-797-7890

Email: [rentrelief@prosperityme.org](mailto:rentrelief@prosperityme.org)



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.