

# Somerset County CDBG-CV Emergency Rental Relief (ERR) Program

## Program Description

Somerset County has established an Emergency Rental Relief Program for County households that had a loss of income as a result of the COVID-19 pandemic. Applicants may be eligible for up to 3 months' rent or \$3000.00, whichever is less, for payment toward rent that is owed. Payments will be issued directly to the landlord. Note that this program is funded by the Community Development Block Grant (CDBG) and as result, residents of Franklin Township, which has its own CDBG program, are not eligible.

## Eligibility

To be eligible, you must:

- Be a resident of any Somerset County municipality (except Franklin Township) and have a current lease or rent agreement.
- Have a household income that is less than the following income limits, based on family size:

1 Person - \$66,900	2 People - \$76,500
3 People - \$86,000	4 People - \$95,600
5 People - \$103,200	6 People - \$110,900
7 People - \$118,550	8 People - \$126,200

- Be able to prove that your rent payments were current as of March 2020.
- Provide documentation of a COVID-related loss of income after March 9, 2020. Examples includes:
  - Layoff or Reduced hours
  - Unpaid leave to take care of children due to school and daycare closure
  - Self-quarantined for 14 days resulting in a loss of income
  - Other consequence of the virus that led to a reduction of income

## Application Process

You must complete an application and submit documentation to receive assistance. For your convenience, required documents can be scanned or photographed using a mobile phone or device and uploaded with this application. This documentation will be used to determine eligibility and must be clear and legible for you to be considered.

**DO NOT submit your application until you have gathered ALL required documentation; incomplete applications will be returned, and you will have 5 business days to resubmit or your case will be closed.** Funds are limited and will be distributed on a first-come, first-served basis; submitting an application does not guarantee financial assistance will be provided.

**Step 1: Use the Documentation Checklist to Gather Required Documents – next page**

## Somerset County CDBG-CV Emergency Rental Relief Program Required Documentation Checklist

Use this checklist to assist you in preparing the application. All documentation will be reviewed to determine eligibility. **DO NOT** submit your application until you have gathered **ALL** required documents.

✓	Verification Needed	Acceptable Document Copies
_____	Current lease or rental agreement (Personal Information Section)	<ul style="list-style-type: none"> <li>• Copy of signed lease <b>OR</b></li> <li>• A written letter from you <b>AND</b> a letter from the landlord with details of rental agreement including monthly rent and effective dates</li> </ul>
_____	Proof of Somerset County residence (Personal Information Section)	<ul style="list-style-type: none"> <li>• Driver's license /State ID <b>OR</b></li> <li>• Bill with name and address</li> </ul>
_____	Pre-COVID monthly household income (Personal Information Section)	<ul style="list-style-type: none"> <li>• 4 consecutive paystubs from each person's employer</li> <li>• If you are self-employed, provide your 2020 tax return (all pages) <b>AND</b> self-employment records for last 4 months.</li> </ul>
_____	Proof of COVID-related financial loss (Personal Information Section)	<ul style="list-style-type: none"> <li>• Email or notice from healthcare provider, employer or child's school/daycare provider on letterhead</li> </ul>
_____	Current monthly income information (Household & Current Monthly Income Section)	<ul style="list-style-type: none"> <li>• At least 2 consecutive paystubs from each person's employer</li> <li>• If you are self-employed, provide your 2020 tax return (all pages) <b>AND</b> self-employment records for last 4 months.</li> </ul>
_____	Other sources of current monthly income (Household & Current Monthly Income Section)	<ul style="list-style-type: none"> <li>• Child support order</li> <li>• Benefits award letter (SSI, SSD)</li> <li>• Unemployment insurance</li> </ul>
_____	Assets including checking / savings accounts, money markets, 401K account, stocks, pension, and other assets (Household & Current Monthly Income Section)	<ul style="list-style-type: none"> <li>• Copy of summary page from monthly statements for the months you are requesting assistance</li> </ul>
_____	Landlord statement and balance due (Lease/Arrears Information Section)	<ul style="list-style-type: none"> <li>• Statement from landlord with current balance due.</li> </ul>

## **Step 2: Complete and Submit Your Application – you must write your full name on each page of the documents you submit.**

### **Email:**

- Attach the pdf application and required documents to your email. Submit the completed package (application form and required documents) via email to [commdevelop@co.somerset.nj.us](mailto:commdevelop@co.somerset.nj.us) with the subject line “CDBG-CV Rental Relief Assistance, [your last name and first initial].”

### **Drop-off or Mail:**

- Because the building is closed to the public, you must call the Office at 908-541-5756 **before you drop off a completed application**, Monday through Friday between 8:30am and 4:30pm.

### **OR**

- Mail your completed application in an envelope addressed to: Community Development, P.O. Box 3000, 27 Warren St 4<sup>th</sup> Fl., Somerville, NJ, 08876.

## **Application Status**

- Check your email and voice mail regularly. **Applications submitted without complete documentation cannot be processed.** You will be contacted by email or phone if any documentation is missing. You will need to submit the missing documentation **within 5 business days. If missing documentation is not submitted within 5 business days, the application will be considered incomplete, your case will be closed and your file will be shredded.**
- Once your application has been processed, you will receive an email or letter notifying you that your application is either approved or denied. The eligibility decision cannot be appealed. If your situation changes, you may reapply. The review process takes approximately 2 weeks. If you are approved, your landlord will be contacted.
- The program can only make a payment if it will bring the balance of your rent owed to \$0. If your rental arrears are more than the maximum the program can provide, you are responsible for the remaining balance. If you get the balance from another source, you must provide documentation that includes the source of funds and the amount. This is not considered a Duplication of Benefit.
- For more information, contact Community Development at 908-541-5756 or email [commdevelop@co.somerset.nj.us](mailto:commdevelop@co.somerset.nj.us)

## Eligibility Questions

1. Are you the resident of a Somerset County municipality other than Franklin Township?

Yes       No

2. Do you rent and have a valid lease or rental agreement?       Yes       No

3. Have you experienced a COVID-related income loss?  Yes       No

4. Is your household income below the following income limits based on your family size?

1 person - \$66,900	2 people - \$76,500
3 people - \$86,000	4 people - \$95,600
5 people - \$103,200	6 people - 110,900
7 people - \$118,550	8 people - \$126,200

Yes       No

5. Is your March rent paid in full?  Yes       No

**6. If – and only if-you answered “yes” to all 5 questions, then you meet the eligibility criteria and should proceed with the application.**

## Personal Information

7. Applicant:

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

8. Physical address:

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

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

9. Social Security/ Tax ID Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

10. Contact Information:

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

11. Are you of Hispanic, Latino, or Spanish origin? (Required by federal funding sources)  Yes  No

12. What is your race? (Required by federal funding sources)

- White  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  
 American Indian or Alaska Native  Other Multi-Racial

13. What was your COVID-related financial loss? (Documentation of financial impact must be attached.)

- I lost my job  
 I was furloughed from my job  
 My work hours were reduced  
 School/ daycare closure  
 COVID diagnosis that led to inability to work  
 Other: \_\_\_\_\_

14. What was your monthly income before this happened? (Proof of pre-COVID income must be attached)

Pre-COVID monthly household income: \$ \_\_\_\_\_

## Household and Current Monthly Income Information:

15. List all people that are permanent residents of your household, including children:

Name (List yourself first)	Age	Relationship to Applicant	Does this person have a disability? (Circle)	Does this person work or have income? (Circle)	Current Gross Monthly Income	Source of Current Income
1.		<b>SELF</b>	Yes / No	Yes / No	\$	
2.			Yes / No	Yes / No	\$	
3.			Yes / No	Yes / No	\$	
4.			Yes / No	Yes / No	\$	
5.			Yes / No	Yes / No	\$	
6.			Yes / No	Yes / No	\$	
7.			Yes / No	Yes / No	\$	

16. Sources of Income: (check all applicable; documentation must be attached)

- Employment     
  Unemployment     
  Child Support     
  Alimony  
 Worker's Comp.     
  Disability     
  Social Security     
  Family Contributions  
 Other (specify): \_\_\_\_\_  
 No sources of income

17. Do you have any assets? (check all applicable; documentation must be attached)

- Checking Account     
  Saving Account     
  Money Market     
  CDs     
  Stocks/Bonds  
 No assets

## Lease/Arrears Information:

18. How long have you lived at the address? \_\_\_\_\_ years \_\_\_\_\_ months

a. Monthly Rent Amount: \$ \_\_\_\_\_

b. Number of bedrooms: \_\_\_\_\_

19. Amount of Rent that you are behind: \$ \_\_\_\_\_ For the month of \_\_\_\_\_

\$ \_\_\_\_\_ For the month of \_\_\_\_\_

\$ \_\_\_\_\_ For the month of \_\_\_\_\_

\$ \_\_\_\_\_ Total

20. How much are you able to put toward the amount that is owed to your landlord? \$ \_\_\_\_\_

21. Have you received rental assistance from another organization after March 9th?  Yes  No

a. If yes, what organization?

\_\_\_\_\_

b. What was the amount received and for what months? \_\_\_\_\_

## Rental Property/Landlord Information:

### 22. Rental Property Address:

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

Street Address: \_\_\_\_\_

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

### 23. Landlord Information:

a. Landlord Name: \_\_\_\_\_

b. Landlord Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

c. Landlord Email Address: \_\_\_\_\_@\_\_\_\_\_

d. Landlord Mailing Address:

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

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



## **Applicant Certification:**

By signing this application, I certify under oath that the information given in and attached to this application is true, complete, and accurate. I am aware and understand that if any information contained in or attached to this application is willfully false, I am subject to criminal prosecution under N.J.S.A. Section 2C:28-2. I agree to cooperate with any reasonable requests to provide additional information and understand that if it is not provided within 5 business days of the request, my application will be closed and the documents I submitted will be shredded.

I also authorize Community Development to: (1) communicate with other agencies that provide assistance to my household for the purpose of income verification and to release information that is relevant to the CDBG-CV Emergency Rental Relief (ERR) Program, (2) verify any information contained in or attached to this application, and (3) share limited identifiers from my application with other entities that provide rental relief to ensure that there is no Duplication of Benefits.

## **Duplication of Benefits**

Somerset County must ensure that households that receive assistance from the CDBG-CV ERR Program do not receive a duplicative benefit from another program. Assistance received from this program cannot overlap with assistance from any other source, and the total amount of all assistance to the household must not exceed the total amount in arrears. Payments through the CDBG-CV program will only cover amounts not paid by or offered to be paid by other sources.

The Community Development Office will work with other relevant agencies to ensure that there is no Duplication of Benefits and will conduct a corresponding review of each application. By signing this application, I certify that I have not received a duplicative payment from another source that is in excess of the amount needed to make my rent current. I also acknowledge that the information provided in this application is subject to verification by HUD at any time, and that Title 18, Section 1001 of the US 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 the U.S. Government.

Signature \_\_\_\_\_ Date \_\_\_\_\_