

EMERGENCY RENTAL ASSISTANCE PROGRAM
Spartanburg County

1 - LEGAL ATTESTATION

Have you received assistance from any other relief program for the exact same expenses for which you are about to request assistance? (circle one)

YES or NO

Applicant(s) acknowledges and understands that Title 18 United States Code Section 1001:

(1) makes it a violation of federal law for a person to knowingly and willfully

(a) falsify, conceal, or cover up a material fact;

(b) make any materially false, fictitious, or fraudulent statement or representation; OR

(c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and

(2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a FELONY, for any violation of such Section.

"All information I am about to provide in this application for assistance is true to the best of my knowledge."

Applicant Signature

Date

Co- Applicant Signature

Date

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2 - PROGRAM ELIGIBILITY

Name: _____

Address: _____

Have you been NEGATIVELY IMPACTED by the Covid-19 pandemic: _____ Yes or No

Attach Proof of Impact, if available, if not...

Attach "Proof of Impact - Self Certification"

Are you at risk of homelessness or housing instability: _____ Yes or No

Attach Eviction Notice, if available.

Does your household income fall within the required eligible range: _____ Yes or No

Attach Proof of Income, if available, if not...

Attach "Income - Self Certification" OR "Zero Income Affidavit"

INCOME

FY 2021 Income Limit - Spartanburg, SC HUD, Metro FMR Area (Select one)

CATEGORY	PERSONS IN HOUSEHOLD							
	1	2	3	4	5	6	7	8
0-30%	14,250	17,420	21,960	26,500	31,040	35,580	40,120	44,660
30-50%	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850
50-80%	38,050	43,450	48,900	54,300	58,650	63,000	67,350	71,700

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3 - BENEFICIARY INFORMATION

Name: _____

Address: _____

County Employee: _____ Yes or No

Female Head of Household: _____ Yes or No

ETHNICITY

_____ Hispanic/Latino

_____ Non-Hispanic/Non-Latino

_____ Prefer not to answer

GENDER:

_____ Female

_____ Male

_____ Non-Binary

_____ Prefer not to answer

JURISDICTION

_____ Unincorporated

_____ City of Chesnee

_____ City of Greer

_____ City of Inman

_____ City of Landrum

_____ City of Spartanburg

_____ City of Wellford

_____ City of Woodruff

_____ Town of Campobello

_____ Town of Central Pacolet

_____ Town of Cowpens

_____ Town of Duncan

_____ Town of Lyman

_____ Town of Pacolet

_____ Town of Reidville

RACE

_____ American Indian OR Alaskan Native

_____ Asian

_____ Black / African American

_____ Native Hawaiian OR Other Pacific Islander

_____ White

_____ Prefer not to answer

HOUSEHOLD TYPE:

_____ Single AND Elderly

_____ Elderly

_____ Single Parent

_____ Two Parents

_____ Other

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4 - ELIGIBLE USES

RENT

ARREARS
Required Documentation
Bill or Statement from Landlord

GOING FORWARD (eligibility determined in 3 month increments)
Required Documentation
Copy of Lease/Rent Agreement OR Copy of Landlord Attestation OR Copy of Previous Continuous Payment

UTILITIES and OTHER HOUSING SERVICES

ARREARS
Required Documentation
Bill or Invoice

GOING FORWARD (eligibility determined in 3 month increments)
Required Documentation
Bill or Invoice

Landlord: _____
(Check made payable to Landlord)

If rental obligation cannot be verified, household may attest to residency and rental obligation by signing below and receive only (3) month's worth of FAIR MARKET RENT until rental obligation can be verified.

Number of Bedrooms	
Per Renter	Per Assessor

Bedrooms						
0	1	2	3	4	5	6
\$695.00	\$735.00	\$845.00	\$1,113.00	\$1,163.00	\$1,337.00	\$1,512.00

Applicant Signature

Date

Co-Applicant Signature

Date



FINANCIAL DISTRESS CERTIFICATION

This form is to be used if the applicant, or anyone in the applicant's household qualified for unemployment benefits, experienced a significant decrease of income or increase in household expenses, or financial hardship, due directly, or indirectly, to the COVID-19 outbreak.

The applicant(s) certifies that one or more members of the household has either

- Qualified for unemployment benefits,
- or
- experienced a reduction of income, or
 - incurred a significant increase of household expenses, or
 - experienced other financial hardships
- due, directly or indirectly, to the COVID-19 outbreak.

Please provide a statement as to the nature of your household's financial distress.

WARNING: *The information provided on this form is subject to verification 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.*

HEAD OF HOUSEHOLD

Signature	Printed Name	Date
OTHER HOUSEHOLD ADULTS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Add additional signature sheets if necessary.



INCOME SELF- CERTIFICATION

This form is used in lieu of providing income documentation, but household member(s) must be willing to provide documentation if requested

INSTRUCTIONS: This is a written statement from the applicant documenting "Annual (Gross) Income", the number of members in the household and the income for each member. Each household member must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Household Members

Full Name	Annual Gross

Income Information

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

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. 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

Signature	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 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.

State of South Carolina
County of Spartanburg

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

Seal:

Notary Public

My commission expires: _____



ZERO INCOME AFFIDAVIT

Emergency Rental Assistance Program

I, _____, have applied for rental assistance through the Emergency Rental Assistance program. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Emergency Rental Assistance program and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31U.S.C. §§ 3801-3812.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: _____

Date: _____

Witness: _____

Date: _____

Case Manager/Care Coordinator's Notes: