

REQUIRED DOCUMENT CHECKLIST

EMERGENCY RENTAL ASSISTANCE REVIEW DOCUMENTATION CHECKLIST

1) **Proof of Identity:** (for applicant) – Please provide **one** of the following:

- a. Front of State issued license or Identification.
- b. Front and back of Green Card
- c. Passport (us or International)
- d. Valid interim driver's license

2) **Proof of Household:**

NOTE: **One** of the following listed documentation types below are required **for all** individuals residing in your household.

- a. Front of State issued license or Identification. (For all adult members)
- b. Front and back of Green Card (for adult and child members)
- c. Passport (us or International) (for adult and child members)
- d. Valid interim driver's license (for adult members)
- e. Birth Certificate (for children)
- f. School Enrollment Documentation (for children)
- g. School Immunization Records (for children)
- h. Health Benefits Identification Card.
- i. Listed on file IRS 1040 Signed Tax return.

3) **Proof of Income:**

Note: **One or more** of the following listed documentation types below are required **for all adult** individuals residing within the household. Signing and attaching a signed Income Attestation will benefit the applicant in any of the circumstance.

_____ 1) If requesting 2020 rental arrears: 2020 Signed tax return **or** 2020 W-2, 2020 1099, Unemployment statement, SSI letter, Veteran Benefit Letter **and** the signed 2020/2021 income certification (attached here).

_____ 2) If requesting 2021 rental arrears: 2021 Signed tax return **or** 2021 W-2, 2021 1099, Unemployment statement, SSI letter, Veteran Benefit Letter **and** the signed 2020/2021 income certification (attached here).

_____ 3) If requesting 2022 rental arrears: 2022 Signed Income Attestation displaying the last 60 days of income **and** if income is being reported, please provide paystubs, SSI letter, Veteran Benefit Letter, Unemployment payments to support the amount being reported.

4) **Proof of Residence:**

Note: **One or more** of the following listed documentation types below are required.

_____ a. Signed executed lease for the time period of assistance and any extensions. If the document is not signed you may provide it along with a signed Residency Certification (attached to this email).

_____ b. In the absence of a lease agreement or lease extension please provide a signed copy of the Residency Certification (attached to this email).

5) **Proof of Utility:**

Note: Required only if applicant is seeking utility assistance. Please not PSE&G checks all accounts and provide the County with an accurate balance before payment is issued.

_____ a. Utility Bill for Gas and Electric **only**. **Please make sure your full account number, name and address is listed on your utility document.**

6) **Proof of Hardship:**

Note: Documentation not required, however please attached any eviction notices or proceeding you may have received from your landlord.

INCOME CERTIFICATIONS



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APPLICANT/HOUSEHOLD MEMBER INCOME CERTIFICATION

This Form must be completed for each Household member, 18 years of age or older, who cannot provide a signed 1040 tax return supporting income due to extenuating circumstances related to the pandemic, disabilities, lack of technological access, if the income was received in cash or claims not to have had any income within the last 60 days.

Applicant Name: _____

Application Number: APP-_____

Applicant Address: _____

Applicant Email Address: _____

Applicant Telephone No.: _____

I am submitting an application for rental assistance under the Bergen County Emergency Rental Relief Program because I do not have signed required documents, I am submitting this written income certification instead.

I certify that the information provided below is a complete and accurate list of my and all household member's income, during the *last 60 days* including but not limited to the following: wages from employment (including commissions, tips bonuses, fees, etc.), Income from operation of a business, rental income from real or personal property, Interest or dividends from assets. Social security payments, annuities, insurance policies, retirement funds, pension, death benefits, unemployment or disability benefits, public assistance payments, alimony, child support, self-employed resources or any other source. **I further certify that no other source of income other than the ones listed below exists.**

Household Member Name	Amount of Income Earned over the <i>last 60 days</i> (If none please insert 0)	Source of Income



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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and that I am unable to provide any documentation of the income listed above. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Bergen County Residential Emergency Rental Assistance Program and other remedies available under applicable law. I also give the Bergen County Residential Emergency Rental Assistance Program and its partner's permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Signature

Date: _____

Applicant Name:

In addition to the Applicant, another person(s) with knowledge may attest to the above statements on the Applicant's behalf by signing and completing the section below.

Relationship to Applicant:

Landlord Employer Case Worker Government Agency Non-Profit Spouse

Signature

Name:

Organization Name, If Applicable:

Phone No.: _____

Email Address: _____

**TENANT/LANDLORD
CERTIFICATION**



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APPLICANT/HOUSEHOLD MEMBER INCOME CERTIFICATION

This Form must be completed for each Household member, 18 years of age or older, who cannot provide signed 1040 tax returns supporting their income due to extenuating circumstances related to the pandemic, disabilities, lack of technological access, if the income was received in cash or claims not to have had any income for year 2020 and 2021.

Applicant Name: _____

Application Number: APP-_____

Applicant Address: _____

Applicant Email Address: _____

Applicant Telephone No.: _____

I am submitting an application for rental assistance under the Bergen County Emergency Rental Relief Program because I do not have signed required documents, I am submitting this written income certification instead.

I certify that the information provided below is a complete and accurate list of my and all household member's income, during the *year 2020 & 2021*, including but not limited to the following: wages from employment (including commissions, tips bonuses, fees, etc.), Income from operation of a business, rental income from real or personal property, Interest or dividends from assets. Social security payments, annuities, insurance policies, retirement funds, pension, death benefits, unemployment or disability benefits, public assistance payments, alimony, child support, self- employed resources or any other source. **I further certify that no other source of income other than the ones listed below exists.**

Household Member Name	Amount of Income Earned in 2020 (If none please insert 0)	Amount of Income Earned in 2021 (If none please insert 0)	Source of Income



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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and that I am unable to provide any documentation of the income listed above. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Bergen County Residential Emergency Rental Assistance Program and other remedies available under applicable law. I also give the Bergen County Residential Emergency Rental Assistance Program and its partner's permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Signature

Date: _____

Applicant Name:

In addition to the Applicant, another person(s) with knowledge may attest to the above statements on the Applicant's behalf by signing and completing the section below.

Relationship to Applicant:

Landlord Employer Case Worker Government Agency Non-Profit Spouse

Signature

Name:

Organization Name, If Applicable:

Phone No.: _____

Email Address: _____



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LANDLORD/TENANT RELATIONSHIP CERTIFICATION

Please read and complete the within Certification in its entirety prior to signing. If the Applicant is unable to provide any of the requested supporting documentation, assistance may be limited to a payment of assistance up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and for no more than three months at a time.

Applicant Name: _____

Application Number: APP-_____

Rental Property Address: _____

Applicant Email Address: _____

Applicant Telephone No.: _____

Landlord's Name: _____

Landlord's Address: _____

Is the property managed by a Management Company: _____yes_____no. If yes, please provide the name, address and telephone number for the Management Company with this Certification.

I, _____,
being of legal age, duly sworn under oath, and in accordance with the law, depose and state that I do presently reside in and rent the above property from the above named Landlord.

Please provide the following information:

How long have you rented the property? _____

Monthly rent payment: _____

Did you ever have a written lease for this rental: _____yes_____no.

If you had a written lease at any time for this rental, do you have a copy of it: _____yes_____no. If



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yes, please provide a copy of the lease with this Certification.

Please provide the name and age of all household members residing in the residence:

<u>Name</u>	<u>Age</u>

How do you pay your rent: check cash money order

If by check, please provide a copies of cashed rent checks or a bank statements showing three months' worth of rent payments with this Certification. If by money order, please provide copies of receipts showing three months of payments, if you have them, with this Certification.

Do you pay, separate from your rent any of the following utilities (gas, electric, water, internet or cable television): yes no. If so please provide a copy of a bill or invoice for any of the above utilities that shows the rental property address and your name or the name of one of the occupants on it.

If you do not have any of the above requested documents please provide a copy of any other document you may have showing your name and the rental property address.

Is any of your rent regularly paid, either directly to your Landlord, or to you or any other occupant of your rental unit, by a government agency such as Section 8 or welfare, or by any private agency? yes no. If so please provide the monthly amount paid by that Agency: \$ _____ and the amount paid by the Applicant: \$ _____. Please provide any written documentation you may have showing said payment or that Agency's agreement to make the payment.

For the months in which rental assistance is being requested has any subsidy or rent, other than that described in the preceding paragraph, been received from any public or private agency by your Landlord, you or any other occupant or is it anticipated that such subsidy or rent will be received: Yes no. If so, Please provide the name of the Agency and the amount received or expected to



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be received: _____

Do you intend on continuing to reside in the rental property for at least three months after your application approval: _____yes_____no. Approximately how long after your application approval do you intend on residing in the rental property:_____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and that. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Bergen County Residential Emergency Rental Assistance Program and other remedies available under applicable law.

Signature **Date:** _____

Applicant Name

Landlord Certification:

Under penalty of perjury, I certify that the information present in this certification is true and accurate to the best of my knowledge. I further understand that providing or attesting to false representation constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Bergen County Residential Emergency Rental Assistance Program and other remedies available under applicable law. By signing below, I also agree to provide a current rental ledger outlining the months, years and amounts that the above reference tenant is delinquent.

Signature **Date:** _____

Landlord/ Property Manager Name