



# Somerset County

## Board of County Commissioners

County Administration Building  
 20 Grove Street, P.O. Box 3000  
 Somerville, New Jersey 08876



### EMERGENCY RENTAL ASSISTANCE PROGRAM

#### Application Checklist

To qualify for this program, the applicant must be a resident of Somerset County and must meet the guidelines below:

1-Person	2-Persons	3-Persons	4-Persons	5-Persons	6-Persons	7-Persons	8-Persons
\$57,800	\$66,050	\$74,300	\$82,550	\$89,200	\$95,800	\$102,400	\$109,000

#### Required Documentation

#### TENANT

v	Verification Needed	Acceptable Document Copies
	Photo Identification	Passport, Permanent Residence Card, Government Issued ID, Driver's License
	Rent or Lease Agreement	Current Rent or Lease Agreement w/ Signatures
	Income Documentation (All Household Members 18+)	2020 IRS 1040, W2s, SSI Documentation, 1099s, Social Security Benefits Letter or Bank Statement Showing Deposit of Benefits
	If Self-Employed, Self-Employed Income Worksheet	<p>If Federal Income Tax Filed:</p> <p>Certification of Income for Self-Employed Persons, Copy of 2020 Federal Income Tax Return as Filed with the IRS, Year to Date Profit and Loss Statement</p> <p>If Federal Income Tax Not Filed or Self-Employed Person is Not Required to File an Income Tax Return:</p> <p>Annual Profit and Loss Statement for Previous Year, Copies of Payments/Checks Received from Customers or Ledger Cards, If Available, Year to Date Profit and Loss Statement</p>

#### TENANT CONTACT INFORMATION (Print Clearly)

First Name	
Last Name	
Address 1	
Address 2	

City, State, Zip Code	
Email	
Phone	

**TENANT HOUSEHOLD INFORMATION (Print Clearly)**

Past Due Rent:

√	Month	Amount	√	Month	Amount
	January			July	
	February			August	
	March			September	
	April			October	
	May			November	
	June			December	

Total Number of People in Household: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

Total Rent Past Due: \$ \_\_\_\_\_

All Household Members (Include Applicant):

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Income (indicate weekly (W), bi-weekly (B), monthly (M), or annually (A))

## Other Sources of Rental Assistance:

Source	Amount

**TENANT CERTIFICATION**

Somerset County must ensure that households that receive assistance under the Emergency Rental Assistance Program do not receive a duplicative benefit from any other 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 Emergency Rental Assistance Program will only cover amounts not paid by or offered to be paid by other sources.

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, my application will be closed, and I may be subject to criminal prosecution. I agree to cooperate with any reasonable requests to provide additional information and understand that if it is not provided in within 5 business days of the request, my application will be closed and the documents I submitted will be destroyed.

I authorize Somerset County 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 Emergency Rental Assistance 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.

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 Print Name

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 Signature

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 Date

**LANDLORD**

<b>√</b>	<b>Verification Needed</b>	<b>Acceptable Document Copies</b>
	Photo Identification	Passport, Permanent Residence Card, Government Issued ID, Driver's License
	Rent or Lease Agreement	Current Rent or Lease Agreement w/ Signatures

**LANDLORD CONTACT INFORMATION (Print Clearly)**

First Name	
Last Name	
Address 1	
Address 2	
City, State, Zip Code	
Email	
Phone	

**RENTAL PROPERTY INFORMATION (Print Clearly)**

Address 1	
Address 2	
City, State, Zip Code	

**LANDLORD CERTIFICATION**

By signing this certification, I acknowledge under oath that as a landlord participating in the Emergency Rental Assistance Program, I accept these funds as full payment of arrears and I will not, for 60 days from receipt of the funds, file or continue with any eviction action against the tenant(s) in the household for non-payment of any arrears. I further acknowledge that any court action or eviction resulting from rental arrears currently pending must be dismissed or otherwise resolved satisfactorily so that tenant(s) are not subject to duplicative payments of rent or eviction for any non-payment during the period of time the Emergency Rental Assistance Program covers.

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 may be subject to criminal prosecution. I agree to cooperate with any reasonable requests to provide additional information within 5 business days of the request.

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 Print Name

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 Signature

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 Date