

# Residential Emergency Rental Assistance Program (RERAP) Application



If you have experienced hardship due to COVID-19 and need assistance to pay your RENT, you *MAY* be eligible for RERAP.

To be eligible, you must answer **'yes'** to **all** of the following statements:

- I am a renter household in Ocean County.
- I cannot pay my rent because COVID-19 has impacted me negatively.
- My household income meets the Program's limits
- Someone in my household has: (1) qualified for unemployment or (2) had a decrease in income or increase in expenses due to COVID-19
- My household is currently at risk for housing instability or homelessness



Ocean County does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, gender identity, or sexual orientation in the provision of services.

**Tenant Documentation Checklist:**

Paperwork to have ready (if you have it) for each household member over the age of 18:

- Identification documentation such as a driver’s license, REAL ID, passport, or other government-issued photo identification
- Qualification for Unemployment Insurance, dated March 2020 or later
- Payments from Unemployment Insurance, dated March 2020 or later
- Signed Lease
- Rent Due Notice(s)
- Rent Payment History
- Household Income Information:
  - 2020 Tax Filing (form 1040) for all adults in your household; or
  - 2020 W-2 Earnings Statements from all jobs for all adults; or
  - Notice of eligibility (dated January 1, 2020 or later) for public benefits based on income from programs such as SNAP, food stamps, Women, Infants and Children (WIC), Medicaid, Medicare, Daycare Assistance, Housing Voucher, Section 8 Housing Assistance, and Public Housing
  - Monthly paystubs for all adult household members for all jobs for the last 2 months
  - Bank statements showing all adult household members’ income and earnings
  - Other evidence of income for all adult household members
- Self-attestation of no income

**Landlord Documentation Checklist:**

- W-9
- New Jersey Business License
- Identity Verification (see above)

**If you have questions about any of the requested information or required documentation, please call 1-833-753-9571 for assistance. Please visit the RERAP webpage:**

**<https://www.co.ocean.nj.us/OC/frmRERAP.aspx>**

**Note that this application will be considered “submitted” once the information provided has been entered online.**

**APPLICANT INFORMATION:**

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
ITIN (Optional):	<input type="text"/>	SSN (Optional):	<input type="text"/>
Date of Birth (required):	<input type="text"/>		

<input checked="" type="checkbox"/>	<b>Race (Check One):</b>
<input type="checkbox"/>	American Indian or Alaska Native (people having origins in any of the original people of North, Central or South America)
<input type="checkbox"/>	Black / African American
<input type="checkbox"/>	Asian (people having origins in the Far East, Southeast Asia, or the Indian subcontinents)
<input type="checkbox"/>	Pacific Islander (people having origins in Hawaii, Guam, Samoa, or other Pacific Islands)
<input type="checkbox"/>	White (people having origins in Europe, Middle East, or North Africa, excluding black racial groups)
<input type="checkbox"/>	Multiple races
<input type="checkbox"/>	Prefer Not to Answer

<input checked="" type="checkbox"/>	<b>Ethnicity (Check One):</b>
<input type="checkbox"/>	<b>No</b> , not of Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
<input type="checkbox"/>	<b>Yes</b> , Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
<input type="checkbox"/>	Unspecified

<input checked="" type="checkbox"/>	<b>Gender: (Check one)</b>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender Female	<input type="checkbox"/>	Transgender Male
<input type="checkbox"/>	Gender Variant/Non-Conforming	<input type="checkbox"/>	Not Listed
<input type="checkbox"/>	Prefer not to answer		

<input checked="" type="checkbox"/>	<b>Primary Language: (Check one)</b>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	English	<input type="checkbox"/>	Somali
<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Other (specify):		

<b>Street Address:</b>	
Street Address Line 1	<input type="text"/>
Street Address Line 2	<input type="text"/>
City	<input type="text"/> State: New Jersey
Zip Code	<input type="text"/>
County	<input type="text"/>

**HOUSEHOLD INFORMATION:**

How many people live in your house, including all adults and children?

<input checked="" type="checkbox"/>	<b>Work Status: (Check one)</b>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Employed Full Time	<input type="checkbox"/>	Employed Part Time
<input type="checkbox"/>	Migrant Seasonal Farm Worker	<input type="checkbox"/>	Unemployed: 3 months or less
<input type="checkbox"/>	Unemployed: more than 3 months	<input type="checkbox"/>	Unemployed: not in Labor Force
<input type="checkbox"/>	Retired	<input type="checkbox"/>	Self-Employed
<input type="checkbox"/>	Gig Worker	<input type="checkbox"/>	Student
<input type="checkbox"/>	Child	<input type="checkbox"/>	Unspecified

**Contact Information:**

Cell Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Check one**

My Mailing Address is the same as the property address.

My Mailing Address is:

Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 Zip Code \_\_\_\_\_

**Additional Household Members Information:**

<b>ADULT</b> Household Members	First Name	Last Name	Date of Birth
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
Child #1 Age	Child #2 Age	Child #3 Age	Child #4 Age

**Household Members Income:**

<b>ADULT</b> Household Members	First Name	Last Name	Income	Is income Monthly or Annual?
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

5				
6				

**Assistance:**

✓	<b>Have you received rental assistance through any other programs?</b>		
No	<input type="checkbox"/>		
Yes	If Yes, Amount:	\$	
	If Yes, Program:		

**Rental Information:**

	<b>Check one</b>	<b>Yes ✓</b>	<b>No ✓</b>
I am a renter.		<input type="checkbox"/>	<input type="checkbox"/>

**Landlord Information:**

Property Owner Name:		
Phone Numbers (cell / work):	C:	W:
Email address:		
Business Name:		
Mailing Address (line 1):		
Mailing Address (line 2):		
Mailing Address City:		
Mailing Address State / Zip:		
Contact Person Name:		
Phone Numbers (cell / work)	C:	W:
Email Address		

	<b>Check one</b>	<b>Yes ✓</b>	<b>No ✓</b>
I need rental assistance.		<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<b>My eviction status is: (Check one)</b>
<input type="checkbox"/>	I have received a 3-Day Notice.
<input type="checkbox"/>	I have received a Court Date Notice.
<input type="checkbox"/>	I am not delinquent but am struggling to pay my rent.
<input type="checkbox"/>	I am delinquent but I have not received an eviction notice.

	<b>Check one:</b> <b>Yes</b> ✓ <b>No</b> ✓		
Do you receive a federal subsidy for rental assistance that can be adjusted due to changes in your income?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/></td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

Who pays this bill?  
(Household member name)

Month	Original Amount Due	Amount I have paid	Fees Due	Amount Still Due
April 2020				
May 2020				
June 2020				
July 2020				
August 2020				
September 2020				
October 2020				
November 2020				
December 2020				
January 2021				
February 2021				
March 2021				
April 2021				
May 2021				
June 2021				

**Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement**

The Residential Emergency Rental Assistance Program (RERAP) provides emergency assistance with rent related to housing incurred due, directly or indirectly, to the COVID-19 outbreak to eligible renter households in its designated award area. This program is administered by the Ocean County Finance Department and is funded either directly or indirectly through the U.S. Department of the Treasury as part of Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (Section 501).

RERAP must implement procedures to prevent any Duplication of Benefits (DOB) as required by Section 501. An applicant for RERAP assistance:

- 1) outlines the RERAP assistance requested,
- 2) identifies other duplicative assistance received or anticipated to be received,
- 3) states the RERAP funding request,
- 4) certifies the accuracy of the information, and
- 5) agrees to repay any awarded RERAP assistance that is duplicated.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### **Additional Forms You May Need to Apply**

- Landlord Certification
- Self-Certification of Landlord Tenant Relationship
- Self-Certification of No Income
- Self-Certification of Risk of Homelessness or Housing Instability
- Self-Certification of Unemployment, Decreased Income, Increased Expenses
- Written Attestation of Income

Printable versions of all forms can be found on the RERAP website at:

<https://www.co.ocean.nj.us/OC/frmRERAP.aspx>

Please ask for help with printing these forms if you require assistance.