

Ocean County CDBG-CV Emergency Rental Relief (ERR) Program

Program Description

Ocean 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 6 months' rent payment toward rent that is owed. The Program will only pay rent that is owed and utilities and late fees are not eligible and cannot be paid. The Program does not reimburse for funds that have already been paid out by the applicant. Payments will be issued directly to the applicant's landlord.

Eligibility

To be eligible, you must:

- Be a resident of any Ocean County municipality and have a current minimum 12 month lease or rent agreement.
- Have a household income that is less than the following income limits, based on family size:

1 Person - \$62,600	2 People - \$71,550
3 People - \$80,500	4 People - \$89,400
5 People - \$96,600	6 People - \$103,750
7 People - \$110,900	8 People - \$118,050

- Applicant/Landlord must not be receiving household subsidies from any other federal, state, and/or local program from the unit in which the applicant resides. This includes but is not limited to: Section 8 Housing Choice Voucher Program, Tenant Based Rental Assistance Program, Public Housing, other government-based rental assistance programs, or ongoing monthly assistance through other community service/charitable programs/services.
- Not have liquid assets or other sources of capital that are greater than 150% of the amount of rent owed.
- Provide documentation of a COVID-related loss of income after January 21, 2020. Examples include:
 - 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
 - Experienced a large unexpected medical cost related to COVID-19
 - 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. All payments will be made directly to the applicant's landlord. Landlords must be able to provide the required information requested.

DO NOT submit your application until you have gathered ALL required documentation; only complete applications can be processed. 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. Funds will NOT be held for

incomplete applications.

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

Ocean 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 12-month lease or rental agreement (Personal Information Section)	<ul style="list-style-type: none"> • Copy of signed lease OR • A written letter from you AND a letter from the landlord with details of 12-month rental agreement including monthly rent and effective dates
_____	Proof of Ocean County residence (Personal Information Section)	<ul style="list-style-type: none"> • Driver's license /State ID OR • Bill with name and address
_____	Pre-COVID monthly household income (Personal Information Section)	<ul style="list-style-type: none"> • 4 consecutive paystubs from each person's employer • If you are self-employed, provide your 2021 tax return (all pages) AND self-employment records for last 4 months.
_____	Proof of COVID-related financial loss (Personal Information Section)	<ul style="list-style-type: none"> • Email or notice from healthcare provider, employer or child's school/daycare provider on Letterhead • Medical bill(s)
_____	Current monthly income information (Household & Current Monthly Income Section)	<ul style="list-style-type: none"> • At least 2 consecutive paystubs from each person's employer • If you are self-employed, provide your 2021 tax return (all pages) AND self-employment records for last 4 months. • Certification - Use of Funds Form One form for each month you are requesting assistance
_____	Other sources of current monthly income (Household & Current Monthly Income Section)	<ul style="list-style-type: none"> • Child support order • Benefits award letter, i.e. Social Security Benefits (SSI, SSD, SSA) • Unemployment award letter • Disability statements
_____	Checking / Savings Account Statements	<ul style="list-style-type: none"> • Monthly statements for the months you are requesting assistance

	Assets including money markets, 401K account, stocks, pension, and other assets (Household & Current Monthly Income Section)	<ul style="list-style-type: none"> • Monthly statements for the months you are requesting assistance • Copies of all asset documentation including 401K accounts, stocks, pensions, and other financial assets
	Landlord statement and balance due (Lease/Arrears Information Section); Landlord Duplication of Benefits Form; Lead-Based Paint Certification (<i>if dwelling was built prior to 1978</i>)	<ul style="list-style-type: none"> • Rent ledger indicating amount of rent owed, notice of past due rent and amount owed, or eviction notice • Statement from landlord with current balance due. Late fees and rent MUST be listed separately. • Copy of landlord's completed IRS W-9 form • Copy of landlord's Business Registration Certificate • Duplication of Benefits Form signed by Landlord • Lead-Based Paint Certification Form

Step 2: Complete and Submit All Documents and 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) to the Ocean County Board of Social Services at ERRCOVID19@ocbss.ocean.nj.us with the subject line “CDBG-CV Rental Relief Assistance, [your last name and first initial].”

Drop-off or Mail:

- You may drop off your completed application at the one of three Ocean County Board of Social Services Drop Boxes;

Toms River Main Office:
1027 Hooper Avenue, Building #4
Toms River, NJ, 08754

Northern Satellite Office:
Northern Ocean County Resource Center
225 Fourth Street
Lakewood, NJ 08701

Southern Satellite Office:
333 Haywood Road
Manahawkin, NJ 08050

OR

- Mail your completed application in an envelope addressed to:

Attn: Special Response Unit - ERR
Ocean County Board of Social Services
1027 Hooper Avenue, Building #4
Toms River, NJ, 08754

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 and denied.**
- 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 can be appealed through a designated Appeals Committee. If your situation changes, you may reapply. The review process takes approximately 30 days. If you are approved, your landlord will be contacted.
- 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 the Ocean County Board of Social Services, Special Response Unit - ERR at (732) 505-3749 or email: ERRCOVID19@ocbss.ocean.nj.us.

Eligibility Questions

1. Are you the resident of an Ocean County municipality?

Yes No

2. Do you rent and have a valid 12 month lease or rental agreement? Yes No

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

Due to: _____

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

1 person - \$62,600	2 people - \$71,550
3 people - \$80,500	4 people - \$89,400
5 people - \$96,600	6 people - \$103,750
7 people - \$110,900	8 people - \$118,050

Yes No

5. When was your last rent payment? _____

6. Do you owe back rent and have insufficient liquid assets in order to pay your arrears?

Yes No

7. If – and only if – you answered “yes” to all questions, then you should proceed with the application.

Personal Information

8. Applicant:

First Name: _____ Middle Initial _____ Last Name: _____

9. Physical address:

Street Address: _____ Apt Number: _____

City: _____ Zip Code: _____

10. Social Security/ Tax ID Number: _____ - _____ - _____

11. Contact Information:

Phone Number: (____) _____ - _____ Email address: _____

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

13. 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

14. 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: _____

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

Pre-COVID monthly household income: \$ _____

Enter your Pre-COVID paystub income information:

Paystub 1 Check Date: _____	Gross Amount: \$ _____
Paystub 2 Check Date: _____	Gross Amount: \$ _____
Paystub 3 Check Date: _____	Gross Amount: \$ _____
Paystub 4 Check Date: _____	Gross Amount: \$ _____

Household and Current Monthly Income Information:

16. 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.		SELF	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	\$	

17. 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

If receiving income through employment, enter your Post-COVID paystub information:

Paystub 1 Check Date: _____	Gross Amount: _____
Paystub 2 Check Date: _____	Gross Amount: _____

18. 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:

19. How long have you lived at the address? _____ years _____ months

a. Monthly Rent Amount: \$ _____

b. Number of bedrooms: _____

20. Amount of Rent that you are behind: \$ _____ For the month of _____
\$ _____ For the month of _____
\$ _____ For the month of _____
\$ _____ Total

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

22. Have you received rental assistance from another organization? Yes No

a. If yes, what organization?

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

Rental Property/Landlord Information:

23. Rental Property Address:

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

24. 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, my application will be closed and I may be 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 the Ocean County Planning Department 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

Ocean 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 duplicate with assistance from any other source for the same months, 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. Any person or entity receiving CDBG-CV assistance (including subrecipients and direct beneficiaries) agrees to repay assistance that is determined to be duplicative.

The Ocean County Planning Department 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 _____