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124 East Walnut Street
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James D. Plankenhorn, President & CEO

Lycoming-Clinton Counties Commission for Community Action (STEP), Inc.

Lycoming County Emergency Rental Assistance Program

The Emergency Rental Assistance Program (ERAP) was established and signed into law on February 5, 2021 and gives the Department of Human Services the authority to implement and administer the program in accordance with federal law. The purpose of the ERAP is to provide financial assistance to eligible household to pay rent, rental arrears, utilities, utility arrears, and other related housing expenses incurred due, directly or indirectly, to COVID-19. County Commissioners have authorized STEP, Inc. to provide the administration of the ERAP to all residents.

To be eligible, a household must be obligated to pay rent on a residential dwelling and STEP must confirm that:

1. **One or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak;**
2. **One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and,**
3. **The household has a household income at or below 80% of area median income.**

Income Guidelines for 80% Area Median Income

Size of Household	1	2	3	4	5	6	7	8
Total Income	\$36,350	\$41,550	\$46,750	\$51,900	\$56,100	\$60,250	\$64,400	\$68,550

Priority will be provided to the following households:

1. The household has a household income that does **not exceed 50% of area median income**

Income Guidelines for 50% Area Median Income

Size of Household	1	2	3	4	5	6	7	8
Total Income	\$22,750	\$26,000	\$29,250	\$32,450	\$35,050	\$37,650	\$40,250	\$42,850

2. **One or more individuals within the household are unemployed as of the date of application and have not been employed for the 90-day period preceding such date; AND,**
3. **Rental assistance may not be duplicative of other federally funded rental assistance provided to the household.**

Pathways to Success

Early Learning Housing Options Workforce Development Community Collaboration Independent Living

Assistance can be provided for the following:

1. Eligible households with full payment of **rental arrears** for up to 12-months for past due rent that have been accrued after March 13, 2020. Payments will be made directly to eligible landlords.
2. Eligible households can apply for **prospective rent payments** up to three months at a time, and must resubmit eligibility determination information every three months for up to 12-months. Payments will be made directly to eligible landlords.
3. Total assistance for rent payments either arrears or prospective rent payments may not exceed 12 months total.
4. Eligible households can apply for **utility and home energy costs** not already included in rent payment. Both past due payments and current payments are eligible. Payments will be provided directly to the utility providers.
 - Utilities include separately stated **electricity, gas, water, sewer, trash removal, and energy costs, such as fuel oil, and propane**. Copies of all past due bills are required.

To apply for ERAP, a household must provide to STEP the following information:

1. **Emergency Rental Assistance Program Application**
2. **STEP Service Assessment Questionnaire**
3. **Appeal Process Form**
4. **HIPPA Release Form**
5. **Copy of Signed Lease**
6. **Tenant Certification Form**
7. **Landlord Certification Form**
8. **Copy of Identification, such as Drivers' License**
9. **Copy of All Past Due Utility Bills being Requested**
10. **Eviction Notice, if have one**
11. **Proof of Total Gross Income for each adult in household.** Income used to determine eligibility includes, but is not limited to:
 - Wages and Salaries, to include pay stubs or W-2 Tax Statement
 - Unemployment Compensation
 - Temporary Assistance for Needy Families (TANF)
 - Veterans' Payments
 - Workers' Compensation
 - Alimony
 - Child Support
 - The client's college or university scholarship less the cost of education expenses, such as tuition, books, etc.
 - Dividends
 - Family allotments or other regular support from an absent family or household member
 - Federal Earned Income Tax Credit
 - Government Employee Pensions

- Training Stipends
- Interest
- Net Gambling or Lottery Winnings after Taxes
- Military Compensation
- Periodic Receipts from Estates or Trusts
- Private Pensions, Regular Insurance or Annuity Payments
- Profit from Self-Employment
- Railroad Retirement
- Rental and Royalty's Income after Business Expense Deductions Including Expenses to Secure the Income
- Social Security (RSDI)
- Supplemental Security Income from both adults and children
- Strike Benefits from Union Funds

If an applicant does not provide all required information, eligibility determination will not occur until all documents are received.

Applicants can drop off applications and all required documents to STEP's office drop box at **2138 Lincoln Street, Williamsport, PA 17701**, or send via email at LycorRent@stepcorp.org. If there are any questions, specific to the application process, please contact the direct ERAP line at **570-601-9505**.

Application for Emergency Rental Assistance

Who's applying? ☐ Tenant ☐ Landlord (on behalf of tenant)

Tenant Information

Last Name		First Name		SSN#
Address		City	Zip	County
Phone	Email Address (if available)			Date

Household: Number of Adults _____ Number of Children under 18 _____

Has anyone in your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income or had increased household costs?

☐ Yes ☐ No

If Yes, was this financial hardship due, directly or indirectly, to COVID-19? ☐ Yes ☐ No

Is anyone in your household at risk of homelessness or housing instability? ☐ Yes ☐ No

Has anyone in the household received federally funded rental assistance in the past 12 months?

☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No

Has anyone been a victim of domestic violence? ☐ Yes ☐ No

Citizenship: ☐ US Citizen ☐ Permanent Resident ☐ Temporary Resident ☐ Refugee ☐ Other

Race (check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Gender: ☐ Male ☐ Female

Landlord or Property Manager Information

Property Management Company (if applicable)

Last Name		First Name		Tax ID# or SSN# (if available)
Address		City		Zip
Phone	Email Address			

Tenant Utility Information

Company Name	Address (Street City Zip)	Phone	Account #

Tenant Household Income

Please tell us about the income of any individual in your household who is 18 or over.

Does anyone in your household have any income? ☐ Yes ☐ No

If yes, check all that apply, and list the income you have already received.

- | | | |
|--|--|--|
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Money Paid to You for Rent | <input type="checkbox"/> Support |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Money Paid to You for Room or Board | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Gambling/Lottery | <input type="checkbox"/> Pensions | <input type="checkbox"/> Union Pay |
| <input type="checkbox"/> Guardian Fees | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Veteran Benefit |
| <input type="checkbox"/> Money Earned from Babysitting | <input type="checkbox"/> Sick Benefits | <input type="checkbox"/> Wages from Employment |
| <input type="checkbox"/> Money for Training | <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Money Paid to You for Loans | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Other _____ |

Name of Person with Income	Type/Source of Income/Name of Employer	Income/Pay: How much?	How often paid	Date of most recent payment

Tenant Household Expenses

Rent	Monthly \$ _____	Arrears \$ _____
Electric	Monthly \$ _____	Arrears \$ _____
Gas	Monthly \$ _____	Arrears \$ _____
Oil	Monthly \$ _____	Arrears \$ _____
Propane	Monthly \$ _____	Arrears \$ _____
Coal/Wood/Other	Monthly \$ _____	Arrears \$ _____
Trash	Monthly \$ _____	Arrears \$ _____
Water/Sewer	Monthly \$ _____	Arrears \$ _____

Notes:

ERAP Agency Use Only

Authorization Information ☐ Approved ☐ Denied Date _____

Type(s) of Assistance Provided

☐ Rental Assistance ☐ Rental Arrears ☐ Housing Stability Services ☐ Utility Assistance ☐ Utility Arrears

Amount of Assistance:

Rental Assistance \$ _____ Rental Arrears \$ _____ Housing Stability \$ _____

Utility Assistance \$ _____ Utility Arrears \$ _____ Total \$ _____

Number of months covered with: Rental Assistance _____ Utility Assistance _____

Household Income Level:

- ☐ Does not exceed 30% of the area median income for the HH
☐ Exceeds 30 percent but does not exceed 50 percent of the area median income for the household
☐ Exceeds 50 percent but does not exceed 80 percent of area median income for the household

Notes: ☐ Used 2020 annual calculation for eligibility ☐ Used monthly income at time of application

Rights and Responsibilities

RIGHT TO NONDISCRIMINATION

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

RIGHT TO CONFIDENTIALITY

We will keep your information private. It will only be used to decide which programs you may be eligible for. Any person knowingly violating any of the rules and regulations of this department shall be guilty of a misdemeanor and, upon conviction shall be sentenced to pay a fine, not exceeding one hundred (\$100) dollars, or to undergo imprisonment, not exceeding six months, or both (62 P.S. section 483).

RESPONSIBILITY TO PROVIDE INFORMATION

You must give true, correct and complete information. You must help in proving the information, you give. Benefits may be denied if you fail to provide certain proof. If you are contacted by Department of Human Services (DHS) or the Office of State Inspector General, you must fully cooperate with those persons or investigators.

PRIVACY ACT STATEMENT

(i) The collection of this information, including the Social Security number (SSN) of each household member, is authorized under 42 U.S.C. § 405(c)(2)(C)(i) and 62 P.S. § 432.2(b)(3). The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Emergency Rental Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. (ii) This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. (iii) failure to provide an SSN may result in the denial of Emergency Rental Assistance to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members. If someone wants help getting an SSN, call 1-800-772-1213 or visit www.ssa.gov. TTY users should call 1-800-325-0778

RIGHT TO APPEAL

You have the right to ask for a DHS hearing to appeal a decision if you believe it is unfair or incorrect, or if the provider fails to act on your application for benefits. You may file the appeal at: DHS Office of Hearings and Appeals, PO Box 2675, Harrisburg, PA 17105. If you appeal, you may also request a conference before the hearing by contacting the Emergency Rental Assistance Program (ERAP) program manager via email at RA-PWERAPOIM@pa.gov. At the hearing you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you.

Attestation/Certification

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefit. I understand that I may be required to work with other agencies as a condition of my approval for assistance. I agree to provide upon request any additional documentation required (i.e. pay stub, lease, recent bills, proof of unemployment etc) to aid in determining edibility.

Signature-Tenant

Name Printed-Tenant

Signature-Landlord (only if form was completed by landlord)

Name Printed-Landlord (only if form was completed by landlord)

Authorization for Release of Information (Tenant only)

I hereby authorize and request the disclosure to the county office any information concerning the age, residence, citizenship, employment, income, and any additional information involving eligibility for the rental and utility assistance programs for myself. It is understood that the information obtained will only be used for determination of rental/utility assistance or other housing assistance programs.

Signature of Tenant

Date

Name Printed - Tenant

[illegible]

SERVICE ASSESSMENT QUESTIONNAIRE

To assist in providing a greater scope of services to you and your family, please complete this Service Assessment Questionnaire (front and back) and return it to your STEP representative.

Pg.1

Current Service Provision

Are you currently receiving STEP services?	N	Y
If yes, what service? _____		
Are you currently receiving services through another agency in the community?	N	Y
If yes, what agencies? _____		

Family Circumstances

Are you able to pay your monthly bills with your current income?		
YES - I am able to meet my monthly expenses.		
NO - I occasionally am unable to meet my monthly expenses.		
NO - I am unable to meet my expenses on a monthly basis.		
Do you receive cash assistance, medical assistance, or food stamps?	N	Y
Are you in need of safe, reliable child care that you can afford?		
NO - I am not in need of child care.		
YES - I have difficulty paying for my current child care.		
YES - I am unable to obtain employment due to not having child care.		
Are you expecting a child?	N	Y
Do you have children living in your home age 5 years or younger?	N	Y
Do your children have needs that prevent you from working?	N	Y
Are you the caregiver of someone age 60+ who is living in your home?	N	Y
Are you or anyone in your family experiencing problems while living in a long-term care facility?	N	Y
Are you in need of supports for a family or household member to remain at home?		
NO - I am not in need of supports.		
YES - I need supports to help care for a family or household member.		
YES - I'm concerned that a family or household member may need more care than can be provided at home.		

Parenting Support

If pregnant or caring for a newborn, would you want assistance understanding your baby's developmental needs?	N	Y
Are you interested in parenting classes?	N	Y
Are you divorced or separated with children?	N	Y
If yes, is cooperative parenting a concern?	N	Y
If yes, is your child having a hard time accepting a new stepparent?	N	Y

Housing/Living Arrangement

Are you currently homeless or in danger of losing your home?		
NO - I have housing.		
YES - I rent and am in danger of being evicted.		
YES - I own my home and am in danger of foreclosure.		
YES - I am currently homeless.		
If you are a homeowner, does your home require repairs that you cannot afford?		
NO - I am not a homeowner.		
NO - I am able to afford repairs needed to my home.		
YES - My home is safe but is in need of some repairs that I can't afford.		
YES - I can't afford repairs needed to my home, making it unsafe for myself or family.		
Does your residence need to be weatherized?	N	Y
Are you concerned that there are choking hazards or other safety hazards in your home that could harm your children?	N	Y
Are you in need of assistance with food?		
NO - I have enough food to feed myself and my family.		
YES - I don't have enough food on occasion.		
YES - I regularly don't have enough food.		
Are you in need of assistance with utilities or fuel?		
NO - I am able to pay my utility and fuel bills.		
YES - I have difficulty paying my utility and fuel bills.		
YES - I have a shut off notice or I am out of fuel.		

Transportation		
Are you in need of dependable transportation?		
NO - I have dependable transportation.		
YES - I do not have transportation.		
YES - I am unable to work due to no transportation or unreliable transportation.		
YES - I am unable to attend medical appointments due to no transportation or unreliable transportation.		

Education		
Do you have a high school diploma or GED?	N	Y
Are you seeking education funding for current student loans or future education expenses?	N	Y
Are you interested in improving your reading, writing, math, or digital literacy skills?	N	Y
Are you interested in attending either college or a vocational training program?	N	Y

Employment		
Are you currently employed?		
YES - I am employed.		
YES - I am employed but would like to improve my skills to obtain a different job.		
NO - I am not employed but have income to pay my bills (ex: retired or social security).		
NO - I am unemployed.		
Are you over the age of 55 and seeking employment?	N	Y
Are you planning to seek employment in the next year or two?	N	Y
Do you want to build or enhance your resume?	N	Y
Are you interested in learning more about the services provided by CareerLink?	N	Y

Health Care Providers		
Are you in need of a primary care provider?	N	Y
Are you in need of a dental provider?	N	Y

Independent Living (Age 60+)		
Are you at risk of abuse or financial exploitation?	N	Y
Are you in need of a responsible caregiver?	N	Y
Are you experiencing health insurance issues?	N	Y
Do you want to participate in activities with others?	N	Y
Do you need help to prepare your own meals?	N	Y
Do you need help with personal care or housekeeping?	N	Y
Do you need adaptations to your home due to disabilities?	N	Y
Do you want to participate in exercise with your peers?	N	Y
Would you benefit from support services to maintain your independence?	N	Y

Other		
Are you looking for volunteer opportunities?	N	Y
Do you have any additional needs which were not discussed within this questionnaire?	N	Y

Your information	
Name: _____	Date: _____
Phone: (_____) _____ - _____	
Address: _____	

Complete the Questionnaire, then call, visit, mail, or e-mail STEP. Phone: 570-326-0587 E-mail: STEP@stepcorp.org



Lycoming County
Clinton County

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Emergency Rental Assistance Program

TENANT CERTIFICATION

I CERTIFY THAT:

I am the tenant or future tenant of the residence stated below. I am at least one month in arrears of rent payment and in danger of eviction or I am a new tenant and requesting funding to gain occupancy at this location:

Address _____
City, State _____
ZIP code _____

I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearage or occupancy.

Monthly rent: \$ _____ Rental Arrears: \$ _____

LANDLORD NAME (PLEASE PRINT)

RENTER NAME (PLEASE PRINT)

ADDRESS

ADDRESS

CITY ZIP CODE

CITY ZIP CODE

PHONE NUMBER

PHONE NUMBER

LANDLORD SIGNATURE/DATE

RENTER SIGNATURE/DATE

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Lycoming County Emergency Rental Assistance Program (ERAP) Appeal Process

The Emergency Rental Assistance Program considers an applicant to be either the tenant or landlord. In the case of a denial of an application or withdrawal from the program, the applicant has the right to appeal a decision if he/she believes it is unfair or incorrect.

Step One:

The applicant may file the appeal in writing to STEP, Inc., Attn: Service Navigation Manager, 2138 Lincoln St. Williamsport PA 17701 or via email at mamagargle@stepcorp.org. All appeals will be reviewed by the Service Navigation Manager. If it is determined that the denial or removal was the appropriate action, a notification of determination of the appeal will be provided to the applicant in writing.

Step Two:

If the applicant continues to believe the denial was done in error, they can request that the appeal be reviewed by the STEP Administrative Team for further evaluation. This contact information will be included in the determination appeal letter. If it is determined that the denial or removal was the appropriate action, a second notification of determination of the appeal will be provided to the applicant in writing.

Step Three:

If it is again determined to be the appropriate action, the applicant has the right to appeal to the Lycoming County Administrative office. This contact information will be included in the second determination of appeal letter. If it is determined that the denial or removal was the appropriate action, a notification of final determination of the appeal will be provided to the applicant in writing.

Any questions regarding this process can be sent to the email address above or contact the Service Navigation Manager at (570) 601-9545.

By my signature, I acknowledge that I have read and understand my rights to the Lycoming County Emergency Rental Assistance Program (ERAP) Appeal Process.

Signature

Date