



Rockland Housing Action Coalition, Inc.  
 120 North Main Str., Annex 1st Floor  
 New City, NY 10956  
 Tel. (845) 708 5799  
 Fax (845) 708 5798

**Beginning May 1, 2020 rent assistance will be available for up to 3 months for individuals who are unable to pay their rent due to Covid-19. In order to qualify for a rent subsidy you need to provide evidence of the following:**

- If you could not work due to contracting the Coronavirus, provide a letter from your doctor or the Rockland County Department of Health
- If you could not work due to a job loss, provide a letter from your employer stating you are currently unemployed due to Covid-19
- If your employment hours were reduced due to Covid-19, provide a letter from your employer describing the hours you previously worked and the hours you are currently working

**Other forms you need to complete:**

- The Self Certification of Annual Income By Beneficiary Form which all household members 18 or over have to sign
- Violence against Woman Act Lease Addendum
- A signed agreement from your landlord stating he/she agrees to accept a rent payment(s) from the Rockland Housing Action Coalition. This form will be provided by the Rockland Housing Action Coalition if it is determined you are eligible for a rent subsidy(s)
- Contact information form for landlord

**In order to be eligible for a rent subsidy your current household income cannot exceed HUD low income guidelines which is based on the number of people residing in your household. See below:**

| 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 45,180   | 51,600    | 58,080    | 64,500    | 69,660    | 74,820    | 79,980    | 85,140    |

**PLEASE NOTE: If the building is older than 1978 a lead-based inspection will be required.**

**If you need additional information please call the Rockland Housing Action Coalition at (845) 708 5797 ext. 203.**



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120 – 126 North Main Street  
Annex – First Floor  
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P: 845-708-5799 F: 845-708-5786

**HOME COVID-19 TBRA RENTAL ASSISTANCE APPLICATION**

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information and services about housing counseling, please speak with agency staff and they will arrange alternative accommodations.

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

| Member's Full Name | Relationship | Birthdate | Age | Sex | Social Security No. |
|--------------------|--------------|-----------|-----|-----|---------------------|
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
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|                    |              |           |     |     |                     |

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## DEMOGRAPHICS - OPTIONAL

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

| Race   | Ethnicity  | Special Populations   |
|--|--|---|
| <input type="checkbox"/> American Indian / Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other /Multiple Race | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Disabled<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Senior (over 62)<br><input type="checkbox"/> Single Parent<br><input type="checkbox"/> More than one<br><input type="checkbox"/> None |

## INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

\$ \_\_\_\_\_

| Member's Full Name | Source of Income | Annual Amount | Payment Basis (weekly, monthly, etc.) |
|--------------------|------------------|---------------|---------------------------------------|
|                    |                  |               |                                       |
|                    |                  |               |                                       |
|                    |                  |               |                                       |
|                    |                  |               |                                       |

## ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

| Member's Full Name | Type and Source of Asset (e.g.bank accounts, investments) | Cash Value of Asset | Annual Income from Asset |
|--------------------|---|---------------------|--------------------------|
|                    |   |                     |                          |
|                    |   |                     |                          |
|                    |   |                     |                          |
|                    |   |                     |                          |

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## EXPENSE INFORMATION

- Yes  No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
- Yes  No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- Yes  No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

## APPLICATION CERTIFICATION:

I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Rockland Housing Action Coalition to verify all information provided on this application.

|                                   |                        |
|-----------------------------------|------------------------|
|                                   |                        |
| Head of Household Signature _____ | Spouse Signature _____ |
| Date _____                        | Date _____             |

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. 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 a department of the United States Government.



## Landlord Information

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

\_\_\_\_\_

Landlord Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord Email Address: \_\_\_\_\_

Date Apartment Building was Constructed: \_\_\_\_\_

# HOME COVID-19 TBRA RENTAL ASSISTANCE PROGRAM

## Tenant Frequently Asked Questions

### What is Home COVID-19 TBRA Rental Assistance?

The Home COVID-19 Rental Assistance Program provides temporary rental assistance, for up to 3 months, to eligible households in Rockland County.

### Who is eligible for Home COVID-19 TBRA Rental Assistance?

While no one can be approved without an application review, generally in order to be eligible tenants *must* meet the following requirements:

- Your income has to be reduced or lost due to the COVID-19 pandemic
- You cannot be receiving any other rental assistance (Section 8, Access, etc.)
- Your current household income cannot exceed HUD low income guidelines below, which is based on the number of people residing in your household:

|          |           |           |           |           |           |           |           |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
| 45,180   | 51,600    | 58,080    | 64,500    | 69,660    | 74,820    | 79,980    | 85,140    |

### What can I expect after my application is submitted?

The tenant's application goes through a review process to determine eligibility. If the tenant qualifies, a briefing interview will be scheduled with an RHAC staff member to review the program and sign all necessary documents.

### How are the payment portions determined?

Payment portions are determined by need based on a review of the financial information provided.

### How long can a tenant receive TBRA assistance?

The TBRA Program will provide rental assistance for a maximum of 3 consecutive months to eligible households.

### Are there any resources to help me find available housing?

Yes, an RHAC staff member can provide you a list of affordable housing units in Rockland County. Also, you can visit [www.nyhousingsearch.gov](http://www.nyhousingsearch.gov)

## HOME COVID-19 TBRA RENTAL ASSISTANCE Landlord Frequently Asked Questions

### **What is HOME COVID-19 TBRA RENTAL ASSISTANCE?**

The HOME COVID-19 TBRA Rental Assistance Program provides up to 3 months of temporary rental assistance to eligible households in Rockland County whose income has been affected by the COVID-19 pandemic.

### **How does the program work?**

The tenant's application is reviewed to determine eligibility. If the tenant qualifies, they can receive up to 3 months of rent payments which RHAC will pay directly to the landlord.

### **What forms are required by the landlord?**

The landlord will have to sign a rental assistance contract for the 3 month period.

### **Does the apartment have to be inspected?**

An inspection is only required for buildings built before 1978, which require a visual inspection for lead paint.

### **When will the landlord receive payment? Can it be received electronically as a direct deposit?**

Unfortunately, direct deposit is not available. Paper checks should be received by the 5<sup>th</sup> of each month but no later than the 10<sup>th</sup>.

### **Does TBRA Program guidelines allow for additional occupants after the contract is signed? .**

Additional persons may not be added to the household with prior written approval of the landlord/owner and TBRA Administrator (RHAC).

