



Rental Assistance Program Eligibility

In order for us to assist you with rental assistance, your housing must be affordable and sustainable. Total income should be at least double rent (including utilities).

All applications will be thoroughly screened, and all information provided will be verified by New Bethany Ministries and reviewed. If eligible, staff will schedule an interview

Submit all signed forms and required documentation, including the list below to: 333 West 4th St, Bethlehem, PA 18015.

List of Needed Documentation - all documents are required to proceed your application

- 1. Photo ID (e.g. Drivers' License) for all Applicant(s)
- 2. I.D. for everyone in the household over the age of 18
- 3. A current utility bill showing proof of residence
- 4. Proof of pending eviction (if available)
- 5. Proof of assets (Bank Statements and Vehicle Registrations)
- 6. Proof of Hardship for non-payment (medical bills, loss of jobs, etc.)
- 7. Most recent tax return and W-2's
- 8. Proof of income from January 1st of the current year to the present
 - a. Proof of assistance (unemployment, PUA unemployment, Public assistance, etc.)
 - b. If self-employed (Provide 1099's/Proof of Sales)
 - c. If married (provide separate proof of income).
 - d. If child 18 and above works and pays rent (proof of income)

Documents Reviewed by:		
Print:	Sign	Date

CERTIFICATION

I/we, _____, the Applicant(s) certify that:
My/our housing status is either homeless **OR** at risk of losing housing **AND** meets the following:

- No appropriate subsequent housing options have been identified and
- The household lacks the financial resources to obtain housing or remain in existing housing and
- The household lacks support and networks needed to obtain housing or remain in existing housing and
- I/we have sufficient financial resources to pay rent (and utilities) after rental assistance has expired and provide for basic needs of family, e.g. provide nutritious meals daily.

Printed Name: _____

Applicant Signature: _____ Date _____

Printed Name: _____

Co-Applicant Signature: _____ Date _____



APPLICANT'S EMAIL: _____

Applicant(s) Information			
Name:		Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other/Prefer not to say <input type="checkbox"/>	
Address:		Household Size:	
City:	State:	Zip (must match lease):	
Phone #	Date of Birth:	Social Security #:	
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/> Widow <input type="checkbox"/>			

Household Members (other than listed above)			
Name	Relationship	Social Security #	Date of Birth

LANDLORD'S EMAIL: _____

LANDLORD'S NAME: _____ PHONE _____

Have you received an Eviction Notice, Notice to Quit, or any other letter from your landlord asking you to vacate?

If yes, what type of letter did you receive? _____

What is your pending date of eviction? _____

What months are you are behind on your rent?

Please check appropriate boxes:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I need assistance with (include amount owed): Security Deposit: \$ _____ Arrears: \$ _____ 1st Month Rent: \$ _____

WHAT IS YOUR HARDSHIP? (e.g. lost job, divorce, medical, etc)?

IS YOUR HARDSHIP RELATED TO COVID-19? YES or NO	DATE HARDSHIP BEGAN:
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ALL INCOME AND EXPENSE AMOUNTS MUST BE CURRENT (AS OF THE DATE OF THIS APPLICATION)

Household Income/Expenses (for all members of household)					
Applicant's Name(s):					
Income	Monthly Amount	Verified Date/Init*	Expenses	Monthly Amount	Verified Date/Init*
Employment:			TV/Internet/Phone/Cell:		
SSI/SSDI/ Social Security:			Car Expenses:		
PA Unemployment			Rent:		
Federal Unemployment:			Utilities (including gas, electric, water, sewer, trash):		
Child Support/Alimony:			Child Care:		
TANF/Food Stamps:			Medical:		
Workers Comp:			Groceries:		
Veteran's Pension/Disability:			Other:		
Pension/Retirement:			Other:		
Foster Care:			Other:		
Public Assistance:			Other:		
Total Income:			Total Expenses:		



GENERAL RELEASE OF INFORMATION

I, _____,
understand that New Bethany Ministries, Rental Assistance Program(s), will perform a background check prior to my acceptance in the Program. I further understand that New Bethany Ministries will verify employment, income, and rental history. This will be reviewed on a regular basis and prior to providing additional financial support. I hereby waive my rights to confidentiality, and authorize the release of information, verbally or in writing, from employers, landlords, and other organizations or agencies for the purposes noted above. This release will remain in effect for the duration of my receiving housing assistance from New Bethany Ministries.

Applicant's Printed Name: Date

Witness' Printed Name Date

Applicant's Signature: Date

Witness' Signature Date

Co-Applicant's Printed Name: Date

Witness' Printed Name Date

Co-Applicant's Signature: Date

Witness' Signature Date