

## **COVID-19 EMERGENCY ASSISTANCE PILOT PROGRAM GUIDELINES**

The American Rescue Plan (ARP) program provides emergency rental assistance grants to income-eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, residing in eligible areas of Plainfield, New Jersey.

Emergency Assistance grant is a rental and/or utility payment made on behalf of an income-eligible household for a maximum of 4 months to maintain utility service and reduce rental payment delinquency in arrears due to the economic downturn during the COVID-19 pandemic.

### **AMERICAN RESCUE PLAN (ARP) ELIGIBILITY for Housing Assistance**

Eligible households must meet all of the following criteria:

1. Renters are residing in single-family or multi-unit located in the eligible area of Plainfield, NJ.
2. Annual household income does not exceed the U.S. Department of Housing and Urban Development (HUD) established "Moderate-Income" limits. Household income eligibility is based on the following two (2) factors:
  - a. The total number of persons residing in the household; and
  - b. The total amount of the annual household income.
3. They are economically impacted during the COVID-19 pandemic period beginning March 27, 2020-to the present.
4. Current residential lease agreement. If this is not available, the landlord's general ledger identifying tenant transactions may be considered to verify tenancy.
5. The household does not receive any other forms of rental subsidies.
6. Completed W-9 form and an N.J. Business Registration Certificate (if applicable) from bona fide landlord/property management agent or company.
7. A signed Program Participation-Payment Acceptance form from a bona fide landlord/property management agent or company.
8. Confirmed current rental balance.

### **AMERICAN RESCUE PLAN (ARP) ELIGIBILITY for Utility Assistance**

1. Residing in single-family or multi-unit located in the eligible area of Plainfield, NJ.
2. "Shut-of-notice" or Delinquency Notice from a utility service provider
  - a. American Water and/or Public Services Enterprise Group (PSE&G).
3. Proof of payment arrangement with a utility service provider.
4. Complete utility service bill.
5. Economically impacted during the COVID-19 pandemic period beginning March 27, 2020-to present.

## **EMERGENCY ASSISTANCE**

Assistance includes:

- a. Monthly Rental Arrears Payment made on behalf of an eligible household to landlord/property management agent or company of up to a maximum of 4 months; or
- b. Utility Assistance Payment made on behalf of the eligible household to American Water and/or Public Services Enterprise Group (PSE&G).

## **APPLICANT INTAKE AND ASSESSMENT PROCESS**

Applicant household's eligibility for emergency rental assistance and/or utility assistance will be determined upon submitting a completed application with all required information and documents. Program staff will review application information and provide an eligibility determination within 7 days. All applicant household's information and supporting documentation will be recorded accurately in an applicant file to demonstrate eligibility/ineligibility for this program.

A denied applicant file shall contain all submitted information and documentation, as well as the reason for denial (ex: over income limits, incomplete information, reside outside service area).

An approved applicant file shall contain all submitted information and documentation necessary to meet all required eligibility criteria and contain completed forms, documentation, and necessary information for all members of an applicant household, such as the following:

### **Residency in Eligible Area**

An applicant household must reside in a rental property located in the eligible areas of Plainfield, New Jersey, for more than 60 days.

### **Definition of a Household and Income of Household Members**

A **Household** is defined as all the persons who occupy a housing unit. The occupants may be a single-family, one person living alone, two or more families living together, or any other group of related persons who share living arrangements. Therefore, household member information must include, at a minimum, the following:

- 1) Full names and ages of all family members as well as any unrelated persons living in the residence (Birth Certificate/ Passport & Social Security Card & N.J. Identification);  
AND,
- 2) Signature of the primary applicant(s), certifying that the information provided related to the annual household income and members is correct.

**Annual income** is defined as the total gross amount of income received from all sources by adult individuals of the household who have earned or received income during a 12-month period prior to the March 27, 2020 authorization of the Coronavirus Aid, Relief, and Economic Security Act

(CARES Act) to address the COVID-19 pandemic. Additional information on household income is provided in the TYPES OF HOUSEHOLD INCOME section below.

To determine program eligibility, all sources of annual income for each household member over the age of 18 and the exact amounts earned from each income source must be accurately documented. The primary applicant(s) are also required to certify by signature that the information provided regarding household members is correct.

Eligible households must be below the "Moderate Income" limits for confirmed household size.

**Emergency Assistance Household Income Limits**

COVID-19 EMERGENCY RENTAL ASSISTANCE MAXIMUM INCOME LIMIT								
COUNTY	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Union County	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

**Documenting Economic Impact during COVID-19 pandemic period**

Applicant households must submit documentation confirming negative economic impact during the COVID-19 pandemic period. The Applicant Intake Form can be used to indicate acceptable documentation sources, including:

1. Workplace closure or reduced hours due to COVID-19, including lay-off, termination, loss of working hours, income reduction resulting from business closure, or other employer economic impacts of COVID-19:
  - A copy of household member(s) notification of job loss/termination from the employer during the eligible pandemic period (March 27, 2020, to present); or
  - A copy of household member(s) notification of furlough from the employer during the eligible pandemic period (March 27, 2020, to present); or
  - A copy of household member(s) notification confirming the reduction in hours and/or pay during the eligible pandemic period (March 27, 2020, to present); or
  - A copy of household member(s) application during the eligible pandemic period (March 27, 2020, to present) and/or approval for Unemployment Insurance benefits; or
  - A signed self-certification that includes the name of the self-employed household member, the name and nature of the business, and a narrative confirming economic impact on self-employment during the eligible pandemic period (March 27, 2020, to present).
2. Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19;
3. Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the tenant or a member of the tenant's household who is ill with COVID-19;
4. Compliance with a recommendation from a government health authority to stay home,

self-quarantine, or avoid congregating with others during the state of emergency;

5. Reasonable expenditures stemming from government ordered emergency measures;
6. Any additional factors relevant to the tenant's reduction in income as a result of the COVID-19 emergency.

### **PROVIDING EMERGENCY RENTAL ASSISTANCE**

Emergency rental assistance will be provided for rental arrearages. Program administrators shall determine the duration and amount of rental assistance provided to eligible households based on application information, monthly rent due, and amount in arrears. This duration and assistance amount will be designed to ensure households are provided with the maximum benefit possible under program limits up to a maximum of 4 months.

Emergency rental assistance will not be paid directly to households. Policies and procedures must establish how financial assistance is paid to the bona fide landlord/property management agent or company.

The emergency rental assistance program will log all payments made on behalf of eligible households.

#### **Confirming Current Lease Agreement**

An applicant household must submit a copy of its current residential lease agreement for its address as part of the emergency rental assistance application.

#### **W-9 Form/ Business Registration Certificate (if applicable)**

A completed W-9 form and Business Registration Certificate (if applicable) from the bonafide landlord/property management agent or company must be submitted as a part of the emergency rental assistance application.

#### **Program Participation-Payment Acceptance Form**

A signed Program Participation-Payment Acceptance Agreement from the bonafide landlord/property management agent or company must be submitted as a part of an applicant household's emergency rental assistance application.

#### **Current Rental Balance**

An applicant household must submit a confirmed copy of its current rental balance from the bonafide landlord/property management agent or company.

#### **Landlord, Property Management Agent, or Company**

A bona fide landlord/property management agent or company is defined as the legal owner and/or representative of a single-family, multi-unit, or mobile home residential property leased for permanent housing, entitled to collect rent as prescribed in a valid lease agreement.

To process and disburse emergency rental assistance payments to a bonafide landlord/property management agent or company, signed and completed W-9 and Business Registration Certificate (if applicable) forms are required.

Under no circumstances will the COVID-19-AMERICAN RESCUE PLAN (ARP) program agency or staff be a party to any lease for which assistance is provided.

### **TYPES OF HOUSEHOLD INCOME**

The following is a list of the types of household income most commonly encountered and the kinds of documentation required for verification. This is not intended to provide an exhaustive list of possible income sources but only those sources most widely encountered. However, all applicant income sources must be identified and documented. The Agency ***Income Documentation Worksheet*** is provided as a reference and may be adopted to calculate annual household income. Suppose the household can't provide this information. In that case, the ***Emergency Assistance Household Income Self-Certification Form and Individual Annual Income Self-Certification forms*** may be used to document annual income.

- A. **Salary Income:** The documentation of salary income must be obtained from at least **one (1) source**. The documentation may not be older than six (6) months, except for Federal and State income tax returns, which may not be older than one (1) year. The documentation must be properly labeled and compiled in the applicant's case file in a readable format. Acceptable sources of income documentation include the following:

Federal or State income tax returns or W2 forms; or

Copies of the applicant's three (3) most recent paycheck stubs, establishing the applicant's monthly income; or

- B. **Self-Employment:** Any income from an adult household member who is self-employed must be documented and verified from at least **one (1)** of the following sources:

A copy of IRS Form 1040/1040A (tax return), if filed with the IRS for the last year; or

A notarized affidavit signed by the applicant that includes the name of the self-employed household member, the name of the business, and the prior year's estimated annual income.

- C. **Social Security/Supplementary Security Income/ Social Security Disability:** Income from Federal or State retirement programs and disability must be verified from at least **one (1) source** that may not be older than six (6) months unless noted below. Acceptable documentation sources include:

A copy of the applicant's monthly award check; or

A copy of a benefit verification letter (also referred to as an "award letter" or "income letter" and can be requested from the local Social Security office by applicant); or

Copy of a bank statement showing direct deposits of applicant's award check; or

Copy of Social Security Form SSA-2458, which verifies benefits (can be requested from local Social Security office by applicant); or

Copy of Social Security form SSA-1099 (tax form mailed each year stating the total amount of benefits received from the previous year.) May not be older than one (1)

year.

Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits.

- D. **Welfare/General Relief:** Income from social aid programs [e.g., General Assistance (G.A.) & Temporary Assistance for Needy Families (TANF)] must be verified from at least **one (1)** of the following sources:

Copies of the applicant's most recent bi-monthly award checks.

Copy of most recent *Notice of Action* or award letter stating the amount of applicant's benefit; or

A written statement from the Caseworker stating the applicant's benefit amount; or

Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits.

- E. **Pension Income:** Pension Income must be verified from at least **one (1)** of the following sources:

A copy of the pension award letter; or

Copies of the applicant's three (3) most recent payment stubs verifying benefit amount; or a copy of the applicant's bank statement demonstrating that the award check was directly deposited into the applicant's account.

- F. **Personal Interest:** Personal interest from savings accounts or dividends from financial investments must be identified and documented as earned income. Adequate verification may include:

Federal income tax return; or

Copies of bank statements; or

**All pages** of investment statements indicating the amount of dividends earned.

- G. **Alimony/Child Support:** Income received from alimony and/or child support payments must be documented and verified from at least **one (1)** of the following sources:

A copy of applicant's weekly or monthly check; or

A copy of a separation or settlement agreement or a divorce decree from a court establishing payments; or

A notarized affidavit, signed by the applicant, certifying to the amount of child support received.

- H. **In-Home Supportive Services:** Income earned by a caregiver/caretaker providing in-home supportive services for a different household must be documented through copies of **the three (3)** most recent paycheck stubs to establish the monthly income.

- I. **Rental Income:** Income received from the rental property must be documented as earned income and must be verified from at least two (2) of the following sources:



A copy of the property rental agreement signed by the current tenant stating monthly rent; A copy of recent rent check; and/or

A copy of the applicant's income tax return declaring earned rental income. May not be older than one (1) year.

Rent receipt book.

- J. **No Income:** Should an adult member of the household (18 years and older) have no income to report, documentation to be submitted may include:

A self-certification (Page 14) signed by the household member declaring he/she does not earn income that can be contributed to the household.

The calculation of annual income **shall not include** the following:

- A. **Income from Children,** which is income from the employment of children (including foster children) under 18 years.
- B. **Payments Received for the Care of Foster Children,** including foster adults (usually persons with disabilities, unrelated to the family, unable to live alone).
- C. **Lump-Sum Payments,** including additions to family assets, such as inheritances, insurance payments (e.g., health and accident insurance, and worker's compensation), capital gains, and settlement for personal or property losses [except as provided].
- D. **Reimbursement for Medical Costs,** including all payments received by the family that is specifically for, or in reimbursement of, medical expenses for any family member.
- E. **Live-in Aide,** including the income of a live-in aide, employed because of a medical condition or disability of a family member. A live-in aide is determined to be essential to the care and well-being of the person, not obligated for the person's support, and would not be living in the unit except to provide the necessary supportive services.
- F. **Education Assistance,** including the full amount of educational scholarships paid directly to the student or the educational institution, and Government funds paid to a veteran for tuition fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses. Any amount of such scholarship or payment to a veteran not used for the above purposes available for subsistence is included in income.
- G. **Armed Forces (Special Pay),** specifically special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
- H. **Government Programs,** including the following:

Amounts received under training programs funded by HUD and earnings and benefits from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government.)

Amounts received by a disabled person are disregarded for a limited time for Supplemental Security Income (SSI) eligibility and benefits because they are set aside

for use under a Plan to Attain Self-Sufficiency (PASS).

Amounts received by a participant in other publicly-assisted programs, specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and made solely to allow participation in a specific program.

Amounts specifically excluded by any other Federal statute from considers income to determine eligibility or benefits under a category of assistance programs that includes assistance under the U.S. Housing Act of 1937.

Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member living at home.

- I. **Temporary Income** is considered temporary, nonrecurring, or sporadic (including gifts).
- J. **Income of Full-Time Students**, earnings above \$480 for each full-time student 18 years old or older attending school or vocational training (excluding the head of household and spouse).
- K. **Property Tax Refunds**, including amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling of the unit.
- L. **Adoption Assistance Payments**, above \$480 per adopted child.

### **RECORD RETENTION, PROGRAM REPORTING, AND MONITORING**

The operating agency for the AMERICAN RESCUE PLAN (ARP) program shall maintain applicant files, landlord/property management agent or company information, and all program administration (programmatic and financial) records, written and digital, for no less than a period of 5 years from the end of the program in accordance with City of Plainfield Auditor-Controller.

The operating agency for the AMERICAN RESCUE PLAN (ARP) program shall report approved and assisted households and their corresponding assistance information weekly as directed by the funder.

The operating agency for the AMERICAN RESCUE PLAN (ARP) program shall periodically report to date households assisted in a numeric and narrative format as directed by the funder. Financial and programmatic monitoring of the operating agency will be conducted by The City of Plainfield staff.

### **CONFLICT OF INTEREST**

No AMERICAN RESCUE PLAN (ARP) funding will be provided to any member of the governing body of the County of Plainfield, nor any designee of Plainfield or the operating agency who is in a decision-making capacity in connection with the administration of this program; no member of the above organizations shall have any interest, direct or indirect, in the proceeds from a grant from this program.



# CITY OF PLAINFIELD COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

## Applicant Intake Form

Applicant Tenant:			
Tenant Address:			
Tenant Phone:		Tenant Email:	
Monthly Rent:	Monthly Due Date:	Months Past Due:	
LANDLORD/LEGAL PROPERTY OWNER		MANAGEMENT COMPANY (if applicable)	TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

### Documenting Economic Impact during COVID-19 pandemic period - March 27, 2020, to present

- Workplace closure or reduced hours resulting FROM employer economic impacts of COVID-19:
  - Household member(s) notification of job loss/termination from the employer
  - Household member(s) notification of furlough from employer
  - Household member(s) notification confirming the reduction in hours and/or pay
  - Household member(s) application or approval for Unemployment Insurance benefits
  - A signed self-certification that includes the name of the self-employed household member, the name and nature of the business, and a narrative confirming economic impact on self-employment during the eligible pandemic period
- Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19:  
\_\_\_\_\_
- Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the tenant or a member of the tenant's household who is ill with COVID-19:  
\_\_\_\_\_
- Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency:  
\_\_\_\_\_
- Reasonable expenditures stemming from government ordered emergency measures:  
\_\_\_\_\_
- Any additional factors are relevant to the tenant's reduction in income as a result of the COVID-19 emergency.  
\_\_\_\_\_

## AGENCY INCOME DOCUMENTATION CALCULATION WORKSHEET

Source of Income	Gross Monthly Income in Dollars	Documentation
<b>Salary</b>		<ul style="list-style-type: none"> <li>• Copies of last 3 paychecks (not older than 6 months); or</li> <li>• Federal or State income tax returns or W-2 forms (not older than one year); or</li> <li>• Employment and salary documentation form.</li> </ul>
<b>Self-Employed Profits</b>		<ul style="list-style-type: none"> <li>• Copy of IRS Form 1040/1040A (tax return) for the last year; or</li> <li>• Notarized affidavit stating prior year's estimated annual income.</li> </ul>
<b>Social Security (S.S.)</b>		<p><i>The following must not be older than six (6) months unless noted:</i></p> <ul style="list-style-type: none"> <li>• Copy of applicant's monthly award check; or</li> <li>• Copy of applicant's benefit verification letter (<i>applicant can request from local Social Security office</i>); or</li> <li>• Form SSA-2458 (<i>applicant can request from local Social Security office</i>); or</li> <li>• Form SSA-1099 (<i>yearly benefit statement that may not be older than one (1) year</i>); or</li> <li>• Written certification from awarding agency verifying monthly benefits; or</li> <li>• Copy of bank statement showing direct deposit of applicant's award check.</li> </ul>
<b>Supplemental Security Income (SSI)</b>		
<b>Social Security Disability (SSD)</b>		
<b>Temporary Assistance for Needy Families (TANF)</b>		<ul style="list-style-type: none"> <li>• Award letter stating the amount of applicant's benefit; or</li> <li>• Copy of applicant's most recent bi-monthly award check(s); or</li> <li>• A written statement from the Caseworker stating the applicant's benefit amount; or</li> <li>• Written certification from awarding agency verifying monthly benefits; or</li> </ul>
<b>General Assistance (G.A.)</b>		<ul style="list-style-type: none"> <li>• A written statement from the Caseworker stating the applicant's benefit amount; or</li> <li>• Written certification from awarding agency verifying monthly benefits; or</li> </ul>
<b>Pension</b>		<ul style="list-style-type: none"> <li>• Copy of applicant's most recent pension check/payment stubs; or</li> <li>• Copy of pension award letter showing monthly benefits; or</li> <li>• Bank statement showing direct deposit of applicant's award check.</li> </ul>
<b>Alimony</b>		<ul style="list-style-type: none"> <li>• Copy of applicant's weekly or monthly check; or</li> <li>• Court decree establishing payments (divorce papers); or</li> <li>• Notarized affidavit of child support certifying amount received.</li> </ul>
<b>Child Support</b>		
<b>Unemployment Insurance</b>		<ul style="list-style-type: none"> <li>• Copy of award notice stating applicant's benefit; or</li> <li>• Payment booklet; or</li> <li>• Unemployment notarized affidavit signed by applicant.</li> </ul>

<b>Interest from Bank Accounts and Cash Funds</b>		<ul style="list-style-type: none"> <li>• Letter from bank manager stating interest earned; or</li> <li>• Bank statements showing last twelve (12) months of interest; or</li> <li>• Most recent Federal income tax return showing interest earned; or</li> <li>• Investment statements indicating the amount of dividends earned.</li> </ul>
<b>Rental Income Property</b>		<i>At least two (2) from the following:</i> <ul style="list-style-type: none"> <li>• Copy of property rental agreement signed by current tenant showing monthly rent; or</li> <li>• Copy of recent rent check; or</li> <li>• Copy of applicant's income tax return declaring earned rental income (not older than one year); or</li> <li>• Rent receipt book.</li> </ul>
<b>Other Income not shown above- List Sources</b>		<ul style="list-style-type: none"> <li>• Attach documentation to support the declaration.</li> </ul>

**AGENCY STAFF USE ONLY BELOW:**

<b>Total Gross Monthly Income:</b>		<b>Comments:</b>
<b>Total Gross Annual Income:</b>		<b>Comments:</b>
<b>Income Qualified?:</b>	<b>Yes</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Comments:</b>

**CITY OF PLAINFIELD**

**Emergency Assistance Household Income Self-Certification Form**

**INSTRUCTIONS:** This is a written statement documenting the Annual Income, the number of beneficiary members in the family or household, and relevant characteristics of each member for income determination.

To complete this statement, fill in the blank fields below using information from the attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except full-time students. The applicant Head of Household(s) must then sign this statement to certify that the information is complete and accurate and that source documentation will be provided upon request.

Applicant:		
Address:	City:	
Telephone:	State:	Zip Code:

**Household Member Income Information**

Name:	Total Annual Income:	HH	CH	DIS	S≥18	<18	<15

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Annual gross income** (total of all members) = \$ \_\_\_\_\_

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Plainfield Emergency Rental Assistance Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
CO-HEAD OF HOUSEHOLD		
Signature	Printed Name	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.

## INDIVIDUAL ANNUAL INCOME SELF-CERTIFICATION

Household Member (Print Name): \_\_\_\_\_

**INSTRUCTIONS:** To complete this statement, fill in the blank fields below using information from the attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except full-time students. The Household Member must then sign this statement to certify that the information is complete and accurate and that source documentation will be provided upon request.

Source of Income	Annual Income in Dollars
Salary	
Self-Employed Profits	
Social Security (S.S.)	
Supplemental Security Income (SSI)	
Social Security Disability (SSD)	
General Assistance (G.A.)	
Temporary Assistance for Needy Families (TANF)	
Pension	
Alimony	
Child Support	
Unemployment Insurance	
Interest from Bank Accounts and Cash Funds	
Rental Property Income	
Other Income Not Shown Above Sources:	
<b>Total Gross Annual Income:</b>	

Check if you are a HOUSEHOLD MEMBER AGE 18 OR OLDER with no income and certify by signing below.

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Plainfield Program Administrator.

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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**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.

# CITY OF PLAINFIELD

## EMERGENCY ASSISTANCE PROGRAM

### Program Participation-Payment Acceptance Agreement

Applicant Tenant:
Tenant Address:

**SECTION I - COMPLETED BY PLAINFIELD ACTION SERVICES STAFF**

LANDLORD/LEGAL PROPERTY OWNER	MANAGEMENT COMPANY (if applicable)	TELEPHONE NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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**THE CITY OF PLAINFIELD, PLAINFIELD ACTION SERVICES** staff has verified the lease/rental agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive Emergency Rental Assistance. This program is funded by the American Rescue Plan (ARP) through the City of Plainfield and provides monthly rental and/or monthly rental arrears payments directly to the landlord/property management company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. **THE CITY OF PLAINFIELD, PLAINFIELD ACTION SERVICES** will issue these payments on behalf of the applicant. This agreement and a completed *W- 9, Request for Taxpayer Identification Number and Certification*, and *Business Registration Certification (if applicable)* must be returned to **THE CITY OF PLAINFIELD, PLAINFIELD ACTION SERVICES** staff to process the payment(s). Payment(s) will be issued on a monthly basis to the landlord as defined below:

RENTAL ASSISTANCE PROVIDED	TERMS OF ASSISTANCE		
Amount \$ _____	_____		
AGENCY STAFF NAME (PLEASE PRINT)	AGENCY STAFF SIGNATURE	DATE	TELEPHONE NUMBER



**LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY CERTIFICATION**

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the applicant does not reside at my property. If I receive a direct rent payment for a month that the applicant did not reside at my property, I shall remit to **THE CITY OF PLAINFIELD, PLAINFIELD ACTION SERVICES** an amount that represents the overpaid rent. To return such amounts or payment I shall call **THE CITY OF PLAINFIELD, PLAINFIELD ACTION SERVICES** at (908) 753-3519 and mailpayment to **THE CITY OF PLAINFIELD PLAINFIELD ACTION SERVICES 510 Watchung Ave, 1<sup>st</sup> Floor, Plainfield, NJ 07060**. I may be prosecuted if I commit fraud or knowingly assist an applicant in committing fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments. I may not acquire rights to sue **THE CITY OF PLAINFIELD, PLAINFIELD ACTION SERVICES** for payment of rent or a breach of any obligations by the tenant.

I also understand and certify that I receive no other subsidy and/or assistance from or on behalf of this applicant for full or partial monthly rental payment.

**THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY MUST SIGN AND DATE:**

LANDLORD/LEGAL OWNER/MGT. CO. NAME (PLEASE PRINT)	LANDLORD/LEGAL OWNER/MGT.CO. SIGNATURE:	DATE:	TELEPHONE NUMBER:
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**PLEASE COMPLETE AND SUBMIT THE W-9 Request for Taxpayer Identification Number and Certification**

**And an N.J. Business Registration Certification (if applicable).**