



US Virgin Islands **Emergency Rental Assistance** Program Application



Submit completed application with supporting documents to:

erap@vihfa.gov

Please:

Print clearly.

Do NOT include original documents (we require photocopies only).

Do NOT use staples.

Avoid Processing Delays:

Eligibility cannot be determined until you provide all required documentation.

Please be sure to complete all sections and declarations (certifications).

- Sign and date the application where indicated.
- Include all supporting documents as listed in the attached checklist.
- Applications submitted without required supporting document can be held for a maximum of 90 days.

About The Program

The Emergency Rental Assistance Program (ERAP) has been created to help individuals and families who have been financially impacted by COVID-19 to pay rent and/or utilities dating as early as March 2020.

Who is eligible?

- ✓ Household owes at least one month of rent or utility bill OR anticipates need for future rental assistance;
- ✓ Household head or co-head suffered loss of income due to COVID-19;
- ✓ One or more household members at risk of homelessness due to non-payment of rent, and;
- ✓ Household annual income is at or below 80% of area median income (see details at vihfa.gov)

Supporting Documents To Be Submitted with Your Application

1. Your landlord's name, mailing address & telephone number
2. Statement of rent owed or eviction notice from your landlord
3. Birth certificate or Real ID Driver's License AND Social Security cards for all household members
4. Signed copy of lease/rental agreement
5. Valid ID or current utility bill verifying residence
6. Past due notice showing utilities owed (electric and/or water)
7. Copy of 2019 Tax Return (if applicable)
8. Proof of household income status (as applicable)
 - Unemployment insurance statement
 - Job letter
 - Layoff or furlough letter
 - At least 2 months' worth of paystubs
 - Social Security benefit letter

For more information, please visit www.vihfa.gov/erap.

For help with this form, please contact the VIHFA at:

St. Thomas/St. John (340) 777-4HFA (4432)

St. Croix (340) 772-4HFA (4432)



US Virgin Islands Emergency Rental Assistance Program

Virgin Islands Housing Finance Authority
STT/STJ (340) 774-4432 | STX (340) 772-4432 | www.vihfa.gov/erap

OFFICE USE ONLY

Date _____

Client ID# _____

ERAP Intake Worker _____

RENTER APPLICATION

Please answer all questions on this form completely. If the question does not apply to your situation, enter N/A. This form must be printed clearly and legibly. Do not write in the shaded areas of this form.



APPLICANT INFORMATION

1. Name

Last First Middle Maiden

2. Have you or any household member received assistance under this program (ERAP) in the past 12 months under the name listed above or any other name? Yes No

3. If you have used another name, what was it? _____

4. Present Home Address: Street _____

City _____ Island: STX STT/Water Island STJ

Mailing Address _____

City _____ State: VI Zip Code: _____

Email Address _____

5. Telephone # Home _____ Work _____ Cell/Other _____

6. Provide the following information for yourself and all family members, including family members who are temporarily away. Do not list persons who are not part of your household. List unrelated persons who live with you in Question # 17.

Name	Date of Birth	Gender	Relationship to Head of Household	Social Security Number	Monthly Income from all sources
			HOH		

Note: Please use the overflow page at the back of the application for additional names, if necessary.

7. Does any household member listed on the previous page have a disability? If yes, how many persons? _____

8. Your employer's address: _____ Telephone no: _____

9. Has your income decreased since the beginning of the COVID pandemic (March 2020)? Yes No

If yes, how? _____

2 ASSISTANCE REQUEST

10. A. Please check the type of rental assistance you need and list the amount that you need.

Back Rent Months Owed _____ Amount \$ _____

Current Rent Months Covered _____ Amount \$ _____

Past due utilities (elec. &/or) Amount \$ _____

Total \$ _____

B. Please enter the name, address and phone number of the landlord that needs payment.

Landlord Name

Landlord Address

Landlord Telephone #

11. Address of the rental unit for which assistance is needed, if different from your current address:

12. Explain briefly why you are requesting this assistance and how your inability to pay is related to COVID-19:

13. Has your landlord given you a demand or past-due notice? Yes No

14. Is there a non-related person who shares or will share responsibility for the rent? Yes No

If yes, list the name of the person(s) and what portion of the rent they pay

Name: _____ What percentage of the rent are they responsible for? _____%

Name: _____ What percentage of the rent are they responsible for? _____%

15. Do you or any of the members of your household receive income from the following sources? If yes, give total monthly gross amount for the entire family.

Type of Income	Yes	No	Monthly Amount	Type of Income	Yes	No	Monthly Amount
Employment			\$	Government Pension			\$
TANF/GC			\$	Private Pension			\$
SSI			\$	Strike Benefits			\$
Social Security			\$	Railroad Retirement			\$
Disability Benefits			\$	Military Allotment			\$
Veterans Benefits			\$	Alimony			\$
Unemployment Insurance			\$	Other, including lottery winnings			\$
Workmen's Compensation			\$	TOTAL			\$

16. Does your household receive Food Stamps? Yes No If yes, give monthly amount. \$ _____

17. Do any unrelated persons live with you who pay your rent? Yes No

If yes, list them and record the amount they pay for rent.

Name	Amount Paid Per Month For Room Rent
	\$
	\$
	\$
TOTAL	\$

18. Have you described all of your household's monthly income in the questions above? Yes No

If no, please list any other sources and the gross monthly amount that is received from each.

Source _____ Amount \$ _____

Source _____ Amount \$ _____

4 RESOURCES INFORMATION

19. Do you or any of the members of your household have any other resources? Yes No

If yes, describe below. Give total amount for the entire household.

Type of Resource	Available Balance	Depository Institution (Bank)
Checking Account		
Savings Account(s)/Escrow Account		
Savings Account(s)/Escrow Account		
Savings Account(s)/Escrow Account		
Credit Union Account		
IRA/Pension Distributions		
Other (List; _____)		

5 EXPENSES INFORMATION

20. What will your family's expenses be in the next 30 days? (Do not list expenses that someone else pays for you.)

Expense Type	Amount
Rent/Mortgage	\$
Gas Company	\$
Heating Oil	\$
Electricity	\$
Water	\$
Telephone	\$
Food (Cash Expenditures)	\$
	\$

Expense Type	Amount
Alimony	\$
Voluntary Child Support	\$
Court-Ordered Child Support	\$
Other	\$
	\$
	\$
TOTAL	\$

6 ADDITIONAL INFORMATION

21. Have you applied for or received rental assistance help from any community organizations, such as private charities or churches? Yes No

If yes, what amount did you/are you expecting to receive?

Name of Organization	Amount Received	Purpose/Use of Funds

22. Do you expect any changes in your household income during the next 30 days? Yes No

If yes, please explain.

23. Are you a Veteran? Yes No

7 SIGNATURES

I attest that one or more members of my household either (i) qualified for unemployment benefits or (ii) experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.

I declare under penalty of perjury that all statements on this application are true and correct. I agree to present all verifying documents requested or to authorize the Emergency Rental Assistance Program intake agency or processing team to obtain the documents or to contact any authorized third-party to verify information in regarding to this application.

Signature of applicant _____ Date _____

Signature of Spouse/co-applicant _____ Date _____

If the applicant was assisted in completing this application, the assisting person must sign below.

Name _____ Address _____ Tel _____

Intake Worker's Signature

Signature of Worker _____ Tel _____

Intake Agency

- | | | | |
|--------------------------------------|-----------------------------------|-------------------------------|---|
| <input type="checkbox"/> STJCF | <input type="checkbox"/> CCVI-STT | <input type="checkbox"/> MTOC | <input type="checkbox"/> Salvation Army - STT |
| <input type="checkbox"/> STXMO | <input type="checkbox"/> CCVI-STX | <input type="checkbox"/> WCSC | <input type="checkbox"/> Salvation Army - STX |
| <input type="checkbox"/> OTHER _____ | | | |