



## **Application Form for the Hinds County Emergency Rental Assistance (ERA) Program**

The Hinds County Emergency Rental Assistance Program (ERA Program) provides emergency rental assistance to Hinds County households experiencing financial hardship as a result of the COVID-19 crisis.

Hinds County anticipates the need for assistance will be far greater than the funds available. Because of this, we have developed an application process that will ensure that all applicants will be treated fairly. If applicants picked-up and completed a paper application, they must drop off the completed application at one of the designated site locations during an assistance period or mail the completed application package to:

**The Integrity Group  
Hinds County ERA Grant Program  
2120 Killarney Way  
Tallahassee, FL 32309  
Hotline: 601-514-0137**

**In person: 510 George Street, Suite 217 Jackson MS, 39202 Phone: 769-251-1297**

To obtain the funding from this grant an on-line application process is available. It is highly recommended that applicants apply on-line or via mobile phone rather than use the paper application. The on-line process will remain open until further notice. All applications that are completed and meet the basic program requirements will be reviewed for approval based upon a "first qualified, first served" process.

### **Amount of Rental Assistance**

The amount of rental assistance provided by the ERA Program will depend on the number of qualified applicants and the amounts of unpaid rent that can be relieved from the federal funds provided. Eligible Hinds County households may receive up to fifteen (15) months of assistance to address backrent, and an additional 3 month of rental assistance for future rent to ensure housing stability if funds are available.

### **Eligibility Requirements**

To be eligible to participate in ERA Program, tenant applicants must meet the following conditions:

- The tenant's place of residence must be in Hinds County.
- You must be unable to pay your full rent as a result of a COVID-19 caused financial hardship.
- Your current annual household income must not exceed 80% of the annual Area Median Income (AMI) for Hinds County at the time of application. These are requirements set by the federal government under the Consolidated Appropriations Act for Federal Fiscal Year 2021.

### **2020 Income Limit Categories**

<b>Persons in Household</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Annual Income at 80% AMI</b>	\$39,700	\$45,400	\$51,050	\$56,700	\$61,250	\$65,800	\$70,350	\$74,850
<b>Annual Income at 50% AMI</b>	\$24,850	\$28,400	\$31,950	\$35,450	\$38,300	\$41,450	\$44,000	\$46,800

## Required Information

### Tenants will be expected to provide or attest to:

1. Valid, current identification (state driver's license, state identification card, or passport) – attestation available
2. Current lease/rental agreement or other documentation evidencing the agreement between the landlord and tenant that includes the property address, rental amount, and rental dates, including any extensions, if applicable – attestation available
3. Documentation Supporting Household Income – attestation available
  - Copy of determination/benefits letter from TANF, WIC, SSI, SNAP, Medicaid or Head Start; or
  - Copy of 2020 IRS Tax Return Form 1040 for applicant household; or
  - Income documentation for the past 60 days for each household member over the age of 18 years old.
4. Attestation of financial hardship due to COVID-19
5. If requesting utility assistance or other expenses, a copy of the tenant's bill, showing the name of the service provider, account number, and name and address of the customer.

### Landlords will be expected to provide:

1. Landlord Participation Form (with Landlord's W9 Form and ACH Credit Authorization if the landlord agrees to participate and has not completed online application)
2. IRS W-9 Form
3. ACH Direct Deposit Authorization

### Utilities/Other

Utility/other payments will be made directly to the Company on behalf of the tenant.

Public Housing & Community Development – Hinds County does not discriminate on the basis of race, sex, color, religion, marital status, familial status, national origin, age, pregnancy, disability, ancestry, or sexual orientation in the access to, admission into, or employment in, housing programs or activities.

# ERA Program Application



**(Please print clearly and legibly on each page)**

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First Name:	
Middle Name:	
Last Name:	
Gender (Optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	
Social Security Number (Optional):	
Birth Date:	Race (Optional):
Phone Number:	Secondary Phone (Optional):
Email:	

**(Please print clearly and legibly on each page)**

How many additional family members (NOT including yourself) will be on this application as a household member? \_\_\_\_\_

What was your annual household income (all members included) in 2020? \_\_\_\_\_

I attest that this information provided for household income is correct and complete to the best of my knowledge.

Is anyone in your household currently receiving public benefits or has received public benefits in 2021?  
(Head Start, Section 8, SSDI, SNAP, SSI, TANF, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Street Address of Rented Dwelling:	
Suite/Apartment:	City:
State:	Zip Code:

# ERA Program Application

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**Landlord Information (Please print clearly and legibly on each page)**

The following questions pertain to your landlord. This information is necessary as the Emergency Rental Assistance Payments will be made directly to your landlord to be applied to your account. As the applicant, you will need to contact your landlord.

What is your landlord's name?
What is your landlord's phone number?
What is your landlord's email address? (optional)
What is your landlord's street address?
What amount is your current monthly rent?
What is the amount of your past due rent (including late fees)?
Is anyone in your household unemployed?      Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the date unemployment began?

Have you been served with a court issued Summons for Eviction?

\_\_\_Yes    \_\_\_No

Have you received a court-issued Writ of Possession for the property that you currently rent?

\_\_\_Yes \_\_\_No



# ERA Program Application

## Program Certification Questions

Please complete the following questions

I certify that I have a current rental lease within the boundaries of Hinds County, Mississippi. \_\_\_Yes \_\_\_No

I certify that I am not able to pay my full rent due to a reduction in income resulting from my employer or source of income reducing my work hours, laying off staff, making a reduction in the business's workforce, caring for sick household member, caring for children home from school or daycare, or other actions due to COVID-19. \_\_\_Yes \_\_\_No

I certify that I currently DO NOT receive government assistance that pays for all my rent. (ex: Section 8, VASH, FUP, Mainstream, Project-based Section 8, HOME-TBRA, Continuum of Care, Public Housing). \_\_\_Yes \_\_\_No

I understand that I am applying for Emergency Rental Assistance from Hinds County. I certify to Hinds County that I am qualified to receive Emergency Rental Assistance funds and I understand the guidelines for the program. I further understand that Hinds County will seek to prosecute me to the fullest extent of the law and take other actions to recover all funds and penalties should I misrepresent any information on my application, knowingly accept funds for which I am not entitled, or otherwise attempt to defraud or abuse the ERA Program. \_\_\_Yes \_\_\_No

I understand that I must provide all my verification documents if contacted by the caseworker for the application to be considered for assistance. \_\_\_Yes \_\_\_No

### The Applicant Tenant hereby certifies (please initial):

1. \_\_\_\_\_ With the exception of failure to pay rent during the Covered Rental Period, the Tenant is in full compliance with the Lease between the Landlord and the Tenant.
2. \_\_\_\_\_ The Tenant gives consent for the Covered Rent payment to be made by the County directly to the Landlord on the Tenant's behalf. Moreover, the Tenant understands and acknowledges that they do not have any claim to the Program funds that are allocated to pay the Landlord.
3. \_\_\_\_\_ The Tenant hereby understands, affirms, and acknowledges that the Tenant must continue to comply with all terms of the Lease between the Tenant and the Landlord. This includes, but is not limited to, any Lease prohibitions against damage to the leased premises, or any terms for payment for rent and/or fees that accrue after the Covered Rental Period.
4. \_\_\_\_\_ The Tenant commits to acting in good faith throughout the Program Application process. Such good faith includes but is not limited to: (a) completion of the application within 10 calendar days from the date of initiating the application; and (b) making themselves adequately available to the Program Administrator (The Integrity Group) for any follow-up questions or documentation requests.

\_\_\_\_\_  
Signature of Applicant Tenant

\_\_\_\_\_  
Date Signed

By entering your name above, you are signing this grant application electronically and declaring under penalty of perjury that it is your signature; that you are authorized to electronically sign the grant application for any entity making the application; and that all information contained in your application and any document provided in support of your application is true and accurate to the best of your knowledge. You furthermore agree your electronic signature is the legal equivalent of your physical signature and serves the same function as signing and dating a document which certifies under oath that all information contained in any document is true and correct.

Any person knowingly submitting information in a document electronically filed that is false or affixing an electronic signature to any document electronically filed with Hinds County or its agents on behalf of another person or entity without the authority to do so shall be guilty of criminal offenses under federal and state law and, upon conviction, shall be punished by imprisonment and/or fines under the laws and regulations of the United States of America and the State of Mississippi. By entering your name above, you are acknowledging your understanding of the foregoing sentence. You are also confirming that you understand that the use of grants shall be subject to audit by Hinds County and the U.S. Department of Treasury, and the Office of Inspector General of the Department of Treasury.



# ERA Program Application

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This page was intentionally left blank to attach Copy of Lease or Attestation



# ERA Program Application

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This page was intentionally left blank to attach utility costs.

# ERA Program Application

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This page was intentionally left blank to attach moving expenses.





# ERA Program Application

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This page was intentionally left blank to attach documentation of homelessness, and temporary living agreements, such as: an agreement with a hotel, motel, boarding house, apartment, etc.

# ERA Program Application

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This page was intentionally left blank to attach any additional documentation to support any requests for funding related to this HCERA1 Program.