
THE CITY OF SCRANTON

RENT, MORTGAGE AND UTILITY RELIEF PROGRAM

Rent and Utility Relief:

United Neighborhood Centers of Northeastern PA

Community Services Department
410 Olive St.
Scranton, PA 18509
570-343-8835 ex. 113
relief@uncnepa.org



Mortgage Relief:

NeighborWorks Northeastern PA

Kathi Tavera, Homeownership Assistant
ktavera@nwnepa.org

NeighborWorks Northeastern Pennsylvania
815 Smith ST
Scranton, Pennsylvania 18504
(570) 558 - 2490
www.nwnepa.org



SCRANTON RENT, MORTGAGE AND UTILITY RELIEF

INTRODUCTION

The City of Scranton Rent, Mortgage and Utility Relief Program. On behalf of the City of Scranton, United Neighborhood Centers of Northeastern Pennsylvania (UNC) and NeighborWorks of Northeastern Pennsylvania (NWNEPA) are working together to help alleviate the cost burden that the COVID-19 pandemic has placed on you. The goal of The City of Scranton Rent, Mortgage and Utility Relief Program is to increase opportunities for sustainable housing and prevent homelessness for low-to-modest income residents.

UNC will provide education services, evaluation criteria, and determine the total funds needed for renters and landlords interested in applying for the rent relief program, and anyone interested in utility assistance whether a renter or homeowner.

NWNEPA will provide education services, evaluation criteria, and determine the total funds needed for mortgage assistance. NWNEPA will provide foreclosure intervention services to all applicants to assist in continued housing stability. **Homeowners in need of both mortgage and utility assistance will submit their application to both UNC and NWNEPA for review.

Financial assistance for this program is federally funded through the CARES Act and are available on a first come first served basis. The federal government and the City of Scranton set certain and/or approves certain requirements for this program. These requirements are *non-negotiable*.

OVERVIEW OF PROGRAM REQUIREMENTS

- Sustained a Financial Hardship on or after March 13th, 2020
- Able to pay expenses you are applying for prior to March 13th, 2020
- Be at or below 80% area median income

HUD Income Eligibility [Spring 2020 – Spring 2021]							
Household Size	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	Add \$4,600ea additional member
Income Limit	\$39,550	\$45,200	\$50,850	\$56,500	\$61,050	\$65,550	

ELIGIBILITY

Which of the following apply to you or anyone within your household related to the COVID-19 pandemic?

Must have occurred after March 13, 2020

Select all that apply:

- You have been laid off.
- Your place of employment has closed.
- You have experienced a reduction in hours of work.
- You must stay home to care for children due to closure of day care and/or school.
- You must stay home to care for children due to distance learning.
- You have lost child or spousal support.
- You have had an increase in expenses due to COVID-19, i.e. childcare, medical bills, etc.
- You have been unable to find employment due to COVID-19.
- You are unwilling or unable to participate in your previous employment due high risk of severe illness from COVID-19.
- You were unable to work or sustained an increase in expenses due to contracting COVID-19
- You were unable to work due to caring for someone who contracted COVID-19
- List other significant costs: _____
- List other financial hardship: _____

DOCUMENTATION

REQUIRED DOCUMENTS FOR ALL APPLICATIONS

- Copy of Photo ID
- Proof of Financial Hardship (Additional supporting documents may be requested)

Proof of current income for the combined household:

- Paystubs for last 30 days and any documentation stating income amounts for all persons over 18 years of age living in the home excluding full-time students.
- Social Security Award Letter (SSDI, SSI, Etc) / Pension disbursement amount and schedule
- Child Support and/or Alimony – Court statement and/or proof of receipt
- Other benefits including but not limited to Veterans Benefits, SNAP, Unemployment, etc.

REQUIRED FOR RENT ASSISTANCE (IN ADDITION TO ABOVE DOCUMENTS)

- Copy of Social Security Cards for everyone in the household
- Completed Landlord Certification Form (Signed)
- Copy of Lease / Verification of Residency (All Pages)
- Eviction Notice (Written or Typed: Landlord) or (Magistrate)
- Completed Landlord Certification Form (Signed)

REQUIRED FOR UTILITY ASSISTANCE (IN ADDITION TO ABOVE DOCUMENTS)

- Copy of most recent bill showing delinquent balance

REQUIRED FOR MORTGAGE ASSISTANCE (IN ADDITION TO ABOVE DOCUMENTS)

- Copy of most recent mortgage statement
- Recent 2 years tax returns
- Most recent 3 months bank statements for all accounts

If you are experiencing any difficulty gathering the above stated documents, contact the assigned organization for assistance.

MAIN CONTACT: First Name: _____ Last Name: _____
(Please print clearly)

Phone: _____ Email: _____

CHECK ALL THAT APPLY:

I am a TENANT seeking:

Rental assistance Utility assistance

I am a PROPERTY OWNER seeking:

Owner occupied mortgage assistance Owner occupied utility assistance.

PRIMARY APPLICANT: (Head of Household)

LAST: _____ FIRST: _____ DOB: __/__/____

Social Sec : _____ - _____ - _____ Gender (circle one): Male Female Chose not to Respond

Address: _____
(Include Apt #, Floor Etc)

City, State, Zip: _____

Marital Status: _____ Ethnicity / Race: _____

Primary Language: _____

Family Type: Single Single Parent - Female Headed Single Parent - Male Headed

2 Adults No Children Multi-Generational family Other

Transportation: Walk Bicycle Bus Own Vehicle Rides from Others Taxi/Ride App Other

Do you reside in **Public Housing** utilize **Section 8?** Check for N/A

Income for All Household Members:

Please list yourself as *SELF* in the first row

Including BUT NOT limited to: Job/Employment, SNAP Food Stamps, Veteran’s Disability, Private Disability Insurance, Workers Comp, Child Support, Social Security: Disability, Retirement, Survivor Benefits, Alimony, Veteran’s Pension or Benefits, TANF Cash Assistance, Unemployment UC, PUA

Please list income for every member of the household. If none still list their name and write “N/A”

Full Name	Relation to HOH	Income Type	Monthly Amount
	SELF		

TOTAL MONTHLY INCOME: _____

RENTAL ASSISTANCE FORM

MUST INCLUDE Signed Landlord Certification Form

(If you are a HOMEOWNER seeking mortgage assistance, SKIP and complete the MORTGAGE ASSISTANCE page.)

LANDLORD CONTACT INFORMATION

Landlord Name: FIRST _____ LAST: _____

Landlord Address: _____

CITY: _____ STATE: _____ ZIP: _____

LL PHONE: _____ LL EMAIL: _____

Monthly Rent Cost: \$ _____ Day of the month rent is due _____

Please indicate the AMOUNT OWED for the months you request assistance for.

If you do not owe for a month listed, leave it BLANK.

If you made a partial payment, write the remaining AMOUNT OWED.

MAR 2020	APR 2020	MAY 2020	JUNE 2020	JULY 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JULY 2021
\$	\$	\$	\$	\$	\$	\$

TOTAL RENTAL ASSISTANCE REQUEST AMOUNT: \$ _____

Have you received an eviction notice or past due rent notice? If yes, please provide copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need assistance with upcoming rental payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for any other type of rental assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What type of assistance? _____ Received? Yes No N/A Amount: \$ _____

LANDLORD VERIFICATION FORM
(Must be completed for RENTAL ASSISTANCE)

Date: _____

Tenant Name: First _____ Last _____

Tenant Address: _____

Monthly Rent Amount: _____ Monthly Due Date: _____

The amount being paid is past due in its entirety at the time of payment (check one) Yes No

Please list the months and amounts that the tenant owes (If no amount is owed for a month, leave it blank)

MAR 2020	APR 2020	MAY 2020	JUNE 2020	JULY 2020	AUG 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JULY 2021
\$	\$	\$	\$	\$	\$	\$

By signing this document, I certify that the rental arrears owed for the above listed property rent only; includes no deposits, late fees, or other charges. I verify that the information listed on this document is true and correct.

TOTAL BALANCE OWED: \$\$ _____.

Landlord/Mortgage Holder Name: First _____ Last _____

Phone: _____ Email: _____

Address: _____

Address for check mailing if different from above: _____

Landlord/Mortgage Holder Signature: _____

_____ Date _____

MORTGAGE ASSISTANCE FORM

When was your last on time payment (month and year)? ____ / ____

Have you received an Act 91 Notice? Yes No IF Yes, date of letter: ____ - ____ - ____

What type of loan do you have?

Conventional FHA VA USDA Other Not Sure

Is there more than one loan / lien on the property? Yes No

Are the other loans / liens also delinquent? Yes No

Have you received a Notice of Foreclosure from the Courts? Yes No

Do you have a Sheriff Sale date? Yes No IF Yes, date of notice? ____ / ____

Prior to COVID, have you ever fallen behind on your mortgage? Yes No

Have you ever received a Loan Modification Before? Yes No If Yes, How Many? ____

If yes to having your loan modified before, when was your last modification? (Month/Year) ____ / ____

Do you have your property taxes and insurance escrowed (lender pays these)? Yes No

IF Not escrowed, do you owe delinquent taxes or are you behind on your taxes (2020 or earlier wasn't paid)?

Yes No

IF Yes, how many years are you behind on taxes? ____

Do you have a current home insurance policy? Yes No

Is the property currently listed for sale? Yes No

Have you file for bankruptcy? Yes No If yes, when? ____ - ____ - ____

UTILITY ASSISTANCE FORM

ELECTRICITY

NAME ON ACCOUNT: _____ Provider: PPL Other _____

- Can you provide the most recent bill? Yes No
Do you have a shutoff date? Yes No
Are you enrolled in the On-Track Program? Yes No
Have you received assistance for this utility between March 2020 and Present? Yes No

If yes, which program _____ For what amount? _____ When? _____

What is your CURRENT OUTSTANDING BALANCE? _____

GAS

NAME ON ACCOUNT: _____ Provider: UGI Other _____

- Can you provide the most recent bill? Yes No
Do you have a shutoff date? Yes No
Have you received assistance for this utility between March 2020 and Present? Yes No

If yes, which program _____ For what amount? _____ When? _____

What is your CURRENT OUTSTANDING BALANCE? _____

WATER/SEWER

NAME ON ACCOUNT: _____ Provider: American Water Other _____

- Can you provide the most recent bill? Yes No
Do you have a shutoff date? Yes No
Have you received assistance for this utility between March 2020 and Present? Yes No

If yes, which program _____ For what amount? _____ When? _____

What is your CURRENT OUTSTANDING BALANCE? _____

OTHER

NAME ON ACCOUNT: _____ Provider: _____

- Can you provide the most recent bill? Yes No
What is your CURRENT OUTSTANDING BALANCE? _____



HESG-CV: DUPLICATION OF BENEFITS WORKSHEET

Rent/Mortgage/Utility Relief Assistance Program

Applicants Name: _____ Date: _____

PROGRAM (please circle correct answer)

RENT ASSISTANCE

MORTGAGE ASSISTANCE

UTILITY ASSISTANCE

Applicants must provide this form before HESG-CV Rent/Mortgage/Utility Relief Assistance Funding is released by the City of Scranton. Failure to report other federal sources of assistance may result in recapture of HESG-CV assistance and/or CDBG-CV assistance.

<u>Programs</u>	<u>Award Amount</u>	<u>Amount Received</u>	<u>Expenses Paid</u> (provide payee, amount, details of expense)
	\$		
	\$		
	\$		
	\$		
	\$		

Print Last Name: _____ First Name: _____

SCRANTON RENT, MORTGAGE AND UTILITY RELIEF

I understand that The City of Scranton Rent, Mortgage and Utility Relief Program is in partnership with North Penn Legal Services. I understand that as part of partnership I can meet with North Penn Legal for a consultation to further understand my situation. I understand that this partnership does not guarantee me representation or to participate in receiving services with North Penn Legal. I further understand that I still need to qualify for North Penn Legal services through their guidelines and eligibility requirements and that I am not guaranteed anything through this partnership and completion of this application. Additionally, I hereby authorize United Neighborhood Centers of NEPA (UNC) and NeighborWorks NEPA (NWNEPA) to release/obtain information contained in my/our record(s) for the purpose of offering services with North Penn Legal. I understand and consent that if approved for services with North Penn Legal, NWNEPA and NPL will communicate directly, share information, and discuss in detail my case.

Applicant (Printed)

Applicant (Signature)

Date

Co-Applicant (Printed)

Co-Applicant (Signature)

Date

To the best of my/our knowledge, the information supplied to you for the completion of this form is true and accurate. Any false statements made knowingly and willfully may subject the signer(s) to penalties under section 1001 of Title 18 of the United States Code.

Applicant (Printed)

Applicant (Signature)

Date

Co-Applicant (Printed)

Co-Applicant (Signature)

Date

SCRANTON RENT, MORTGAGE AND UTILITY RELIEF

GENERAL INFORMATION RELEASE FORM

I/We hereby authorize The City of Scranton, United Neighborhood Centers of NEPA, and NeighborWorks NEPA **to obtain and receive all records and information pertaining to eligibility for the housing assistance program**, including but not limited to employment, income (including IRS returns), credit, residency and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives The City of Scranton, United Neighborhood Centers of NEPA and NeighborWorks NEPA the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information release by them to The City of Scranton and NeighborWorks NEPA for the purpose of the program.

Signature _____ Date _____

Co-Signature _____ Date _____

Current Address: _____

Conflict of Interest Form

“No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities may obtain a financial interest or financial benefit from a HOME-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to the HOME-assisted activity, or the proceeds from such activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. Immediate family ties include (whether by blood, marriage or adoption) the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws of a covered person.”

Signature _____ Date _____

Co-Signature _____ Date _____