

Phase 4 applications

The City of Philadelphia offers this program to assist Tenants who experienced financial hardship due to the impacts of Covid-19. You will be required to enter information about yourself and other members of your household, and may have to upload documents. You do not have to currently live in the unit for which you are applying. However, all assistance must be for April 2020 and after, and assistance may not be requested for any amount which was paid for by another source.

Tenants are eligible for up to 18 months of assistance total, of which only three months at a time may be for forward rent. If the Tenant owes back rent, you must request assistance for at least one month of that back rent before you can request assistance for future rent. If the Tenant does not owe any back rent, you may apply for forward rent.

Once you submit your application, we will reach out to the Landlord and ask them to complete their portion of the application. If the Landlord refuses to accept the assistance or does not respond within 10 days after we contact them, then we may make payment directly to the Tenant.

Before you get started, please review the information below about documents you may need to submit. When you are ready to begin, click "Start New Application."

Information that you may need to complete your application

- If the landlord and tenant are participating in the City's Eviction Diversion Program, please have the Eviction Diversion Program ID (EVP-Number) on hand.
- The tenant's basic information, including their name, date of birth, email, and phone number.
- The tenant's demographic information, such as their ethnicity, race, gender identity, and whether the tenant is disabled or a veteran.
- The tenant's household information, including address, number of bedrooms, tenant's monthly rent, and whether the tenant currently lives at the listed address.
- Whether or not the tenant is receiving any other federal, state, or local rent assistance such as Housing Choice Voucher (Section 8) or if they currently live in housing owned by the Philadelphia Housing Authority (PHA).
- If the landlord or tenant received funding through a previous round of emergency rental assistance, have the applicant ID# ready.
- If the tenant or anyone living in the household receives public benefits please have a government-issued eligibility letter ready to submit. If you are receiving any of these benefits it could reduce the amount of other income documents that you need to submit:
 - Medicaid / MA
 - SNAP (food stamps)
 - Housing Choice Voucher (Section 8)
 - SSI (Supplemental Security Income)
 - SSDI (Social Security Disability Insurance)
 - TANF (Temporary Assistance for Needy Families)
- A list of all household members—including the primary applicant—and income information for each member, if available.
- Whether the tenant is receiving or qualified for unemployment benefits after March 13, 2020, and the date of the tenant's last day of work, if applicable.
- Whether the tenant or a member of the tenant's household incurred significant costs, experienced a reduction in income, or experienced other financial hardship, due directly or indirectly to Covid-19.
- Information on the quality of the tenant's living conditions.
- Whether the tenant received any past due rent or utility notices and/or an eviction notice.
- The type of rental and/or utility assistance the tenant is seeking (past-due rent, future rent, current and past-due utilities).

Required Documentation

- Proof of residency or address (which can be a current lease, but a lease is not required)
- Proof of rent amount
- A document proving household income
- A public benefits letter, if applicable
- A document showing other housing-related costs, if applicable

P4A-65r4ypta

1234 MARKET ST

submitted

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[Add a New Application](#)

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Step 4. Housing Instability

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Eviction Diversion Participation

Are you participating or have you been court ordered to participate in the Eviction Diversion Program? *

Yes

No

Eviction Diversion Program ID (EVP-Number)

Primary Tenant Basic Info

All of the following information relates to the member of the household designated as the primary tenant. You will have an opportunity later to add other members of your household.

Your First name*

Your Last name*

Please enter your date of birth:*

mm/dd/yyyy

Last four digits of Your SSN (Optional)

Please input at least one of the following: Email, Cell phone, Second Phone Number

Your Email*

If you want to receive text alerts, input a cell phone number.

Your Cell phone*

Your Second Phone Number*

Primary Tenant Demographic Info

Your Ethnicity*

Your Race*

Your Gender Identity*

Continue

Add property

Address *

1234 Market Street

Verify address

THIS ADDRESS WILL BE SUBMITTED

1234 MARKET ST

Philadelphia, Pennsylvania 19107

OPA Owner: SEPTA

Save

Cancel

Country *

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Address & Household Information

Click the button below to find your address. If you cannot find your address in the system, you will be given the option to manually fill in your address.

Click Here to Search For your Property in the City's System

Do you have a lease that is signed by both tenant and the landlord? *

- Yes
 No

How much is your monthly rent including all additional monthly costs passed from landlord to you?

Do you receive any other federal, state, or local rent assistance such as Housing Choice Voucher (Section 8) or live in housing owned by the Philadelphia Housing Authority? *

- Yes
 No

If you received support through a prior phase of Philadelphia's Rental Assistance Program (Phases 1, 2, or 3), please enter your Applicant ID:

Is anyone in your household disabled? *

- Yes
 No

Is anyone in your household a veteran? *

- Yes
 No

Receiving public benefits does not prevent you from participating in this program but in some cases it can help prove your eligibility. Has anyone in your household received public benefits on or after January 2020? *

- Yes
 No

List all members of your household, including yourself

Add

Total number of adults in household: 0

Total number of children (under 18 years old) in household: 0

Total monthly household income: 0

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Address & Household Information

Click the button below to find your address. If you cannot find your address in the system, you will be given the option to manually fill in your address.

Click Here to Search For your Property in the City's System

Address Line 1

1234 MARKET ST

Input your Unit # if you live in an apartment complex.

Address Line 2: Apartment / Unit / Suite

Do you currently live at this address? *

- Currently live at this address
- No longer live at this address but have an outstanding rent or utility obligation

Number of Bedrooms*

One or more landlords is connected with this address, here is the landlord information that we have in our system, please select your landlord:

- Landlord Name: nicholas wade, Business Name: -, Property ID: P4P-xug4wa5r
- Landlord Name: nicholas wade, Business Name: -, Property ID: P4P-xuksmwee
- Landlord Name: Nick Wade, Business Name: nick llc, Property ID: P4P-bcjq7da97
- Landlord Name: P V, Business Name: -, Property ID: P4P-bfc3zf8f4
- Landlord Name: Greg Heller, Business Name: -, Property ID: P4P-bhp2wcuty
- None of the above

You entered a valid address, but the property cannot be automatically matched with a registered property in our Rent Assist database.

If the landlord has already registered, please enter the landlord's Property ID associated with this property. You will need to obtain this information from the landlord.

Property ID

If the landlord has not already registered, or you do not have a Property ID from your Landlord / Management Company, please enter your landlord's contact information.

Landlord/Management Company Name

PHDC

Landlord Contact Name*

Ali Mooney

Landlord Email*

ali.mooney@phdc.phila.gov

Landlord Phone Number*

215-867-5309

Do you have a lease that is signed by both tenant and the landlord? *

- Yes
- No

How much is your monthly rent including all additional monthly costs passed from landlord to you?

Monthly Rent*

Do you receive any other federal, state, or local rent assistance such as Housing Choice Voucher (Section 8) or live in housing owned by the Philadelphia Housing Authority? *

- Yes
- No

If you received support through a prior phase of Philadelphia's Rental Assistance Program (Phases 1, 2, or 3), please enter your Applicant ID:

Phase 1 Applicant ID

Phase 2 or 3 Applicant ID

Is anyone in your household disabled? *

- Yes
- No

Is anyone in your household a veteran? *

- Yes
- No

Receiving public benefits does not prevent you from participating in this program but in some cases it can help prove your eligibility. Has anyone in your household received public benefits on or after January 2020? *

- Yes
- No

List all members of your household, including yourself

Add

Total number of adults in household: 0

Total number of children (under 18 years old) in household: 0

Total monthly household income: 0

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Add Household Member

First Name *

Test

Last Name *

Applicant

Date of birth:

11/12/1985



Last 4 Digits of SSN (Optional)

1234

NOTE: This is optional and does not impact your eligibility for the program

- This household member has documentation of their income
- This household member is not earning any income. Monthly income is currently \$0
- This household member is not able to provide any documentation of their income due to the impact of COVID-19 (for example, their place of business closed and they are not able to get in touch with their former employer to request income documentation).
- This household member attests that they do not have documentation for household income because it has been received in cash.

Current Monthly Income

This amount should be the taxable portion of social security benefits (for more information see <https://www.ssa.gov/benefits/retirement/planner/taxes.html>), but should not include other public benefits. This amount should include unemployment benefits.

You may enter \$0 if tenant is not earning income.

- This household member has documentation of their income
- This household member is not earning any income. Monthly income is currently \$0
- This household member is not able to provide any documentation of their income due to the impact of COVID-19 (for example, their place of business closed and they are not able to get in touch with their former employer to request income documentation).
- This household member attests that they do not have documentation for household income because it has been received in cash.

Please prepare documentation of **current** tenant income at time of application for the Document Upload portion of the application. Acceptable forms of documentation are: paystubs, W-2s or other wage statements, 2020 tax filings, bank statements demonstrating regular income, or a letter from an employer. If you don't have this document right now, you can save your progress and come back at a later date.

Current Monthly Income

This amount should be the taxable portion of social security benefits (for more information see <https://www.ssa.gov/benefits/retirement/planner/taxes.html>), but should not include other public benefits. This amount should include unemployment benefits.

You may enter \$0 if tenant is not earning income.

Save

Cancel

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Save & Exit

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Financial Hardship

Are you receiving, or did you qualify for unemployment benefits after March 13th, 2020? *

Yes

No

What was the date of your last day of work?

mm/dd/yyyy 

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Financial Hardship

Are you receiving, or did you qualify for unemployment benefits after March 13th, 2020? *

- Yes
- No

Have you or a member of your household experienced any of the following due directly or indirectly to COVID-19 that threaten the household's ability to pay the costs of the rental property when due? (please check all circumstances that apply)

- Incurred significant costs
- Experienced a reduction in income
- Experienced other financial hardship

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Housing Instability

Are there unsafe housing conditions at this property? *

Living in unsafe housing conditions will not disqualify you from receiving assistance.

- Yes
- No

Please specify any unsafe housing conditions that currently exist at this property:

- Lack of adequate ability to cool the property in the summer
- Lack of adequate heat in the winter
- Inadequate or unsafe electrical service
- Lack of drinkable water from your faucets
- Malfunctioning sewage system
- Serious leaks
- Bug or pest infestation
- Other serious safety or health risks

Have you received any past due rent or utility notices from the landlord or utility company for this property? *

- Yes
- No

Have you received an eviction notice for this property? *

- Yes
- No

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Housing Instability

Are there unsafe housing conditions at this property? *

Living in unsafe housing conditions will not disqualify you from receiving assistance.

Yes

No

Have you received any past due rent or utility notices from the landlord or utility company for this property? *

Yes

No

Have you received an eviction notice for this property? *

Yes

No

In addition to the information in the questions above, is the tenant at risk of homelessness or housing instability if they do not receive this assistance? *

Yes

No

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Rent & Utility Information

Select all forms of assistance you are applying for.

Note: If you have back rent owed, in order to apply for future assistance, you must be applying for at least one month of past due rent. If you do not owe any back rent, you may apply for future rent.

- Rental assistance (past due rent)
- Rental assistance (future rent)
- Utility payments: current month + past due since Mar 13 2020

Past Due Rent Total Dollar Amount *

3600

Select which months you are requesting assistance. This can include either past due rent, or housing related expenses due directly or indirectly to COVID-19 Proof of fees for each month must be uploaded on upload page in order to be paid (bill, receipt of fees paid). **Note: Any tenants and landlords who have entered into a hardship agreement under the Emergency Housing Protections Act (Section 9-809 of the Philadelphia Code) should not be requesting any late fees.**

- April 2020
- May 2020
- June 2020
- July 2020
- August 2020
- September 2020
- October 2020
- November 2020
- December 2020
- January 2021
- February 2021
- March 2021
- April 2021

Past Due Rent & Other Expenses for March 2021

March 2021 - Rent *

1800

Amount of Rent Requested for this month

March 2021 - Other Expenses (description below)

200

Other housing expenses due to the landlord, outside of rent, that were incurred due to COVID-19 (e.g., late fees, security deposits, legal fees)

Past Due Rent & Other Expenses for April 2021

April 2021 - Rent *

1800

Amount of Rent Requested for this month

April 2021 - Other Expenses (description below)

200

Other housing expenses due to the landlord, outside of rent, that were incurred due to COVID-19 (e.g., late fees, security deposits, legal fees)

Select all future months where assistance is needed.

- May 2021
- June 2021
- July 2021

If you have back rent owed, in order to apply for future assistance, you must be applying for at least one month of past due rent. If you do not owe any back rent, you may apply for future rent.

May 2021 - Future Rent *

1800

Dollar amount that will be needed for this month

June 2021 - Future Rent *

1800

Dollar amount that will be needed for this month

July 2021 - Future Rent *

1800

Dollar amount that will be needed for this month

Utility payments you need assistance with:

- Water (PWD)
- Gas (PGW)
- Electric (PECO)

This program will provide up to \$2,000 per utility per application

PGW

PGW Account Number (9-12 digits)

123456789

PECO

PECO Account Number (10 digits)

1234567890

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Document Upload & Management

Based on the answers in your application, the following documents must be uploaded in order to be approved for Rental Assistance:

Lease signed by landlord and tenant

 Choose a file...

For March 2021 you indicated that you are applying for Other housing expenses due to the landlord, outside of rent, that were incurred due to COVID-19 (e.g., late fees, security deposits, legal fees). Please provide documentation that these fees are owed to the landlord.

 Choose a file...

For April 2021 you indicated that you are applying for Other housing expenses due to the landlord, outside of rent, that were incurred due to COVID-19 (e.g., late fees, security deposits, legal fees). Please provide documentation that these fees are owed to the landlord.

 Choose a file...

Proof of current monthly income at time of application for the following household member: Test Applicant. Acceptable forms of documentation are: paystubs, W-2s or other wage statements, 2020 tax filings, bank statements demonstrating regular income, or a letter from an employer.

 Choose a file...

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Affidavit

Once you click on the button below, please wait until it says Click Here to Sign the Affidavit. This could take about 30 seconds. You must sign an Affidavit for your application to be accepted. After completing the affidavit, return to this page to finish your application and submit it to our system.

Save Progress & Generate Affidavit

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**Agreement Related to the
COVID-19 Emergency Rental Assistance Program**

I, * [PRINT NAME] ("Applicant"), acknowledge that applicants of the Emergency Rental Assistance Program (the "Program") must agree to and sign this Agreement regarding potential prospective financial reimbursement and all prior payments received from any volunteer organization, state, local or Federal government grant of any type or coverage or under any reimbursement or relief program for the same rental and/or utility payments for which the Applicant is applying in this Program that was the basis of the calculation of rental and/or utility costs to the extent of Program proceeds paid or to be paid to Applicant and that are determined in the sole discretion of the Philadelphia Housing Development Corporation ("PHDC") to be a duplication of benefits ("DOB"). The Program proceeds or payments referred to in this paragraph, whether they are from private, local, state, Federal any other source, and whether such amounts are a DOB, shall be referred to herein as "Proceeds," and any Proceeds that are a DOB shall be referred to herein as "DOB Proceeds." Upon receiving any Proceeds not listed on the application, Applicant agrees to immediately notify PHDC of such additional amounts, and PHDC will determine in its sole discretion if such additional amounts constitute a DOB. If some or all the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to PHDC, to be retained and/or disbursed as provided herein.

In consideration of the receipt of funds through the ERA program, the Applicant hereby assigns to PHDC all prospective financial reimbursement and all prior payments received from any volunteer organization, state, local or Federal government grant of any type or coverage or under any reimbursement or relief program for the same rental and/or utility payments for which the Applicant is applying in this Program. Applicant further agrees to assist and cooperate with PHDC or its agent to pursue any of the claims the Applicant has against for reimbursement of DOB Proceeds. Applicant's assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Applicant's name(s) and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing records and other evidence, testifying at trial, and any other form of assistance and cooperation reasonably requested by PHDC. The Applicant further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that the Applicant would be entitled to under any applicable rental or utility assistance program.

If requested by PHDC, the Applicant agrees to execute such further and additional documents and instruments as may be requested to further and better assign to PHDC, to the extent of the Proceeds paid to Applicant under the Program, the policies, any amounts received under other rental and/or utility assistance programs that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by PHDC to consummate and make effective the purposes of this Agreement.

The Applicant explicitly allows PHDC to request of any other entity from which Applicant has applied for or is receiving Proceeds, any non-public or confidential information determined to be reasonably necessary by PHDC to monitor/enforce its interest in the rights assigned to it under the this Agreement and give Applicant's consent to such company to release said information to PHDC.

If Applicant (or any other entity to which DOB Proceeds are payable, such as a lender, to the extent permitted by superior loan documents) hereafter receives any DOB Proceeds, Applicant agrees to promptly pay such amounts to PHDC, if Applicant received Proceeds under the Program in an amount greater than the amount Applicant would have received if such DOB Proceeds had been considered in the calculation of Applicant's award.

If the Applicant receives or is scheduled to receive any Proceeds not listed on its Duplication of Benefits Affidavit ("Subsequent Proceeds"), Applicant shall pay such Subsequent Proceeds directly to PHDC who will determine the amount, if any, of such Subsequent Proceeds that are DOB Proceeds ("Subsequent DOB Proceeds"). Subsequent Proceeds more than Subsequent DOB Proceeds shall be returned to the Applicant. Subsequent DOB Proceeds shall be disbursed as follows:

1. If the Applicant has received full payment of the Proceeds, any Subsequent DOB Proceeds shall be remitted to PHDC.
2. If the Applicant has received no payment of the Proceeds, any Subsequent DOB Proceeds shall be used by PHDC to reduce payments of the Proceeds to the Applicant, and all Subsequent DOB Proceeds shall be returned to the Applicant.
3. If the Applicant has received a portion of the Proceeds, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (A) Subsequent DOB Proceeds shall first be used to reduce the remaining payments of the Proceeds; (B) any remaining Subsequent DOB Proceeds shall be remitted to PHDC up to the amount of the Proceeds received by the Applicant; and (C) the remaining balance of Subsequent DOB Proceeds shall be returned to the Applicant.
4. If PHDC makes the determination that the Applicant does not qualify to participate in the Program or the Applicant determines not to participate in the Program, the Subsequent DOB Proceeds shall be returned to the Applicant, and this Agreement shall terminate.

If Applicant does not comply with the above, PHDC may exercise any right, power or remedy permitted by law in an effort to collect such amounts, and Applicant shall be responsible for the payment of reasonable attorney fees and out-of-pocket costs incurred by PHDC related to such collection efforts. Once PHDC has recovered an amount equal to the Proceeds paid to Applicant, PHDC will reassign to Applicant any rights assigned to PHDC pursuant to this Agreement.

The Applicant agrees that this Agreement may be electronically signed. By signing, Applicant understands and agrees that the foregoing conditions and obligations must be complied with as a condition to receiving Proceeds. The Applicant further agrees that the electronic signatures appearing on this Agreement are the same as handwritten signatures for the purpose of validity,

enforceability, and admissibility.

This Agreement is intended to be a legally enforceable document. If desired, please seek legal advice regarding the terms and conditions of this document.

DECLARATION UNDER PENALTY OF PERJURY

(Checkbox) I understand that it is a federal offense (18 U.S. Code §1001) and state offense (18 Pa.C.S.A. §4904) to knowingly make a false statement in this affidavit. I have read the information carefully to be sure that the information contained herein is true and complete before signing. I understand that the information provided in this affidavit is subject to verification. I understand that my completion of this affidavit or any other document related thereto does not represent any commitment or obligation to be awarded or provided a grant under the Philadelphia COVID-19 Emergency Rental Assistance Program.

(Checkbox) I verify that the tenant information I have stated on this application is true, correct, and complete to the best of my knowledge.

(Checkbox) I verify that I am 18 years of age or older; or that I am under 18 years of age and either living separately from my parents, married or separated from a spouse, or a parent caring for a child. I understand that if I am under 18 and do not meet this definition that I may not sign this document, but that another member of the household may be eligible to sign on behalf of the household.

Optional:

(Checkbox) I verify that I do receive benefits from another local, state, or federal government assistance program, and I am able to provide a determination letter from the government agency that verified the tenant's household income, and that the benefits I indicated on this application are accurate to the best of my knowledge. (optional)

(Checkbox) I agree to participate in the evaluation of this program which will help improve the City's service delivery and potentially expand resources for rent support and affordable housing. This may involve filling out follow up surveys. (optional) (Note: Your willingness to be contacted for program evaluation will not affect your eligibility or selection for this program in any way.)

(Checkbox) I agree to allow Utility Emergency Services Fund (UESF) to contact me for additional utility grant opportunities.

Affidavit

I certify under penalty of perjury, pursuant to 28 U.S.C. §1746. That the foregoing are true and correct

I verify that one or more individuals within the household has qualified for unemployment benefits; or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the Covid-19 outbreak.

I verify that one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.

I verify that the monthly rent, and other expenses related to housing (if applicable), that I have stated on the application is true and correct to the best of my knowledge.

I verify that the information I have completed on behalf of other members of the household if any is true and correct to the best of my knowledge.

I agree that I am not requesting assistance for any costs that have been paid for, or will be paid for, by any other sources of funds. I understand that this assistance cannot pay for such costs.

I agree that I am not requesting assistance for any costs incurred before March 13, 2020. I understand that this assistance cannot pay for such costs.

I give consent/authorization for the Philadelphia Housing Development Corporation (PHDC) and their respective agents, employees and assigns to share, disclose, receive, analyze, and discuss any relevant data and account numbers with the Philadelphia Water Department (PWD), PECO Energy Company, Philadelphia Gas Works (PGW), and the Utility Emergency Services Fund (UESF). I give consent/authorization for the Philadelphia Water Department (PWD), PECO Energy Company, Philadelphia Gas Works (PGW), and the Utility Emergency Services Fund (UESF) as well as their respective agents, employees and assigns to share, disclose, receive, analyze, and discuss any relevant data and account information, including but not limited to debt balances, with the Philadelphia Housing Development Corporation (PHDC).

I give consent/authorization to the City of Philadelphia, the Philadelphia Housing Development Corporation (PHDC), the Office of Homeless Services (OHS), the Department of Behavioral Health and Intellectual Disability Services (DBHIDS), and the Philadelphia Housing Authority (PHA) and their respective agents, employees, and assigns to share, disclose, analyze and discuss all medical records and all documentation and information provided within this application and in subsequent communications related to the Philadelphia COVID-19 Emergency Rental Assistance Program.

I consent to participate in the program, and I also give consent/authorization to the City of Philadelphia, the Philadelphia Housing Development Corporation (PHDC), and the Office of Homeless Services (OHS) and their respective agents, employees, and assigned, to contact my landlord.

I affirm my name hereto and understand that any false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, or imprisonment.

Signature of Declarant:

Date Apr 8, 2021





HomeBase

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Apply for Phase 4

Select Language | ▼

[Click here for help](#)

Ali Mooney - Tenant

[Sign out](#)

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[Save & Exit](#)

[Exit
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If you wish to review the information in your application, click Back. If you are ready to submit, click Submit Application. Once you click Submit you cannot go back and edit your application any further. Please make sure it is complete and correct before submitting.

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[Submit Application](#)

Thank you for your submission, we will reach back out to you if we need additional information.

Thank you for submitting an application. We will notify you once the Landlord completes their portion of the application. If the Landlord does not agree to accept the funds or does not respond within 10 days of when they are notified, payment may be issued to the Tenant. Please check your status for updates.

Please fill out a brief survey for a chance to win a \$50 gift card. Go to the survey [here](#). The survey will take approximately 10-15 minutes to complete. 50 people who complete the survey will be randomly selected to win the gift card. This survey will help improve the City's service delivery and help us better understand how to assist residents who need rental support and affordable housing.

Your willingness to fill out this survey will not affect your eligibility or selection for this program in any way.

You can check the status of your application [here](#) at any time.