

**Public Health Management Corporation (PHMC)
COVID-19 Shallow Rent Emergency Program**

Applicant's representative may rely upon the applicant's verbal, email or text affirmation to complete the application

APPLICATION COVER PAGE

AGENCY: _____

ADDRESS _____
Street City State Zip Code

MEDICAL CASE MANAGER /HOUSING COUNSELOR _____
(Print Name)

PHONE: _____ FAX: _____

EMAIL: _____

LANDLORD EMAIL (required) _____

I attest the information and documentation submitted was provided by my client and I believe it is accurate.

SIGNATURE: _____ DATE: _____

Fax the application to 215-985-2099, Attn: EFA COORDINATOR. This is a secured fax number, do NOT use any other PHMC fax number for this purpose. DO NOT SEND the application via the MAIL.

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

DATE OF APPLICATION: _____

APPLICANT NAME: _____

ADDRESS:

STREET/APT#/CITY/STATE/ZIP CODE

STREET/APT#/CITY/STATE/ZIP CODE

COUNTY OF RESIDENCE: _____

DATE OF BIRTH: _____ SSN: _____

GENDER (check one): Male Female Neither Transgender/Third Gender/Nonbinary
Sex of applicant assigned at birth (check one): Male Female

RACE & ETHNICITY: (Please note that both race and ethnicity are required of the applicant, this is based on the applicant's self-report. An applicant's response is sufficient for this purpose).

RACE (check all that apply): American Indian/ Alaska Native Asian Black /African American Native Hawaiian/Other Pacific Islander White

If applicant answered Asian, please specify the following (check all that apply):

Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian

If applicant answered Native Hawaiian/Other Pacific Islander, please specify the following (check all that apply):

Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander

ETHNICITY (check one):

Hispanic/Latino(a)/Spanish Origin Non-Hispanic/Latino(a)/Spanish Origin

If applicant answered Hispanic/Latino(a)/Spanish Origin, please specify the following (check all that apply):

Mexican/Mexican American/Chicano(a) Puerto Rican Cuban
 Another Hispanic/Latino(a)/Spanish Origin

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

HIV RISK (check all that apply): MSM IDU Heterosexual Contact
 Hemophilia/Coagulation Disorder Perinatal Transmission Blood Transfusion
 Not Reported or Not Identified

MEDICAL INSURANCE (check one):

- Private Employer
- Private Individual
- Medicare
- Medicaid, CHIP or Other Public Plan
- No Insurance/Uninsured
- Other
- Unknown
- Veterans Health Administration (VA), Military Health Care (Tricare), & Other Military Health Care
- Other Plan (Client has an insurance type other than listed above)

CURRENT LIVING ARRANGEMENT (check one):

- | | |
|---|---|
| <input type="checkbox"/> Renting (unsubsidized) | <input type="checkbox"/> Own home/ apartment |
| <input type="checkbox"/> Permanently living with family/friends | <input type="checkbox"/> Subsidized housing |
| <input type="checkbox"/> Institutional setting | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Foster care home or foster care group home individuals | <input type="checkbox"/> Transitional housing for homeless |
| <input type="checkbox"/> Temporarily staying with family/friends | <input type="checkbox"/> McAuley House, Good Shepherd, |
| <input type="checkbox"/> Temporary placement in institution (voucher) | <input type="checkbox"/> Hotel or motel (paid w/o a government voucher) |
| <input type="checkbox"/> Jail/ prison/juvenile/detention | |
| <input type="checkbox"/> Hotel, or motel (paid with a government voucher) | |
| <input type="checkbox"/> Emergency shelter or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside | |

How long have you lived there? _____

SUBSIDY INFORMATION:

Do you receive a housing subsidy?

Yes No Source: _____

Are you residing in low income housing?

Yes No Source: _____

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

HOUSEHOLD COMPOSITION:

Family size: _____

(This is the number of family members who live together, including the applicant. An applicant living alone (or with **only** non-relatives) counts as a family of one.)

Annual family income: _____

(This is the sum of income of all family members who live together. It includes pre-tax money or "cash" income (earnings; unemployment compensation; Social Security; public assistance; veteran payments; survivor benefits; pension or retirement income; interest; dividends; rents; royalties; income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources). It excludes non-cash benefits including food stamps, housing subsidies and capital gains or losses).

Did you experience any **loss of income** from March 2020 to present due to the COVID-19 pandemic?
Check all that apply:

- Was diagnosed with COVID-19 or had to self-quarantine due to the potential exposure to COVID-19
- Cannot work or have had to self-quarantine because I/we have a greater risk of harm if COVID-19 is contracted due to a compromised immune system, age, or due to the specific recommendations of a health care professional, the CDC, the Governor of Pennsylvania or New Jersey and/or other authorized State or County health officials.
- Had to care for a family member due to the a diagnosis of COVID-19 or a need to self-quarantine
- Had to care for a family member due to school, childcare or elder care closure during the pandemic
- Lost a job or my worksite was temporarily closed
- Had reduced hours or wages at work
- Was not employed before March 1, 2020 and was not able to find new employment during this time
- Had to financially support a family member due to one of the above reasons

Did you experience any **increase in expenses** from March 2020 to present due to the Covid-19 pandemic? Check all that apply:

- Increase in utilities (gas, electric, water, or internet)
- Increase in groceries
- Increase in childcare costs
- Purchase of personal protective equipment or cleaning supplies due to Covid-19
- Financial support of a family member who lost income due to Covid-19

If you have/had COVID-19 what was your date of diagnosis? _____

Are you currently on the HOPWA waitlist administered by the Philadelphia Office of Homeless Services?

- Yes
- No

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

**Landlord Agreement and Acknowledgement Related to the
COVID-19 Shallow Rent Emergency Program**

I, _____ [PRINT NAME], am the owner or property manager (or am authorized to sign on behalf of the owner or property manager) (the "Landlord") of the property located at _____ [INSERT ADDRESS] (the "Property"). By signing below, Landlord represents and warrants that he/she/it (if entity) is currently leasing the Property (or a unit located therein) to _____ [INSERT ALL TENANT'S NAMES] (the "Tenant") pursuant to a written residential lease agreement dated _____ [INSERT LEASE DATE] (the "Lease"). Pursuant to the Lease, the rental rate is currently _____ [INSERT MONTHLY RENTAL RATE] per month (the "Monthly Rent").

By signing below, Landlord is agreeing to take part in the Public Health Management Corporation (PHMC) COVID-19 Shallow Rent Emergency Program and further acknowledges and understands that Landlord is subject to the following requirements and obligations:

1. The Tenant will be receiving a grant from PHMC funded through the City of Philadelphia (the "City").
2. Landlord agrees to accept the PHMC Grant on the Tenant's behalf and for the benefit of Tenant.
3. The entirety of the PHMC Grant will be applied to the Tenant's Monthly Rent obligation under the Lease.
4. The PHMC Grant payments will be issued by the Public Health Management Corporation ("PHMC") through an Automated Clearing House ("ACH") transfer whereby the PHMC Grant funds will be direct deposited into Landlord's designated bank account.
5. Landlord agrees that as a condition to receiving the PHMC Grant funds for Tenant's benefit, Landlord will be required to do the following:
 - A. Submit a copy of the executed Lease;
 - B. Submit an IRS Form W-9 ; and
 - C. Apply one hundred percent of the PHMC Grant to Monthly Rent due in the allotted months reducing the Monthly Rent due to Landlord from Tenant by the PHMC Grant amount; and

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

- D. Limit the amount charged to the Tenant over the allotted months to the Monthly Rent less the PHMC Grant amount; and
- E. Allow the Tenant a six (6) month repayment period commencing from the latest date PHMC Grant funds were received by Landlord on behalf of Tenant for any unpaid rent accrued prior to the grant or for any unpaid Monthly Rent that may accrue during the period in which Landlord is receiving the PHMC Grant funds (collectively, the "Arrears"). Tenant may pay the Arrears through a written payment agreement between Landlord and Tenant; and
- F. Not pursue eviction of the Tenant for non-payment of rent for the period of two (2) months following the latest date PHMC Grant funds were received by Landlord on behalf of Tenant; and
- G. Not charge any late fees or penalties on unpaid Monthly Rent for the allotted months or at any time while receiving the PHMC Grant funds; and
- H. If a Philadelphia rental, the landlord shall maintain a current, valid rental license with respect to the Property, hold a current Certificate of Rental Suitability with respect to the Property, and pay all taxes due to the City on a timely basis; and
- I. Landlord shall indemnify and defend the City and PHMC and hold them harmless from and against any and all demands, claims, actions, suits, judgments, awards, fines, penalties, proceedings, losses, damages, liabilities and expenses (including, without limitation, reasonable and out-of-pocket fees of attorneys, investigators and experts) ("Claims") arising or alleged to arise from or in connection with the payment of the PHMC Grant, the Lease, the Tenant and/or the Property, which indemnification shall include all reasonable and out-of-pocket legal fees, costs and expenses incurred by the City and PHMC in defending such proceedings.

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

By signing below, Landlord shall be legally bound and understands and agrees that the foregoing conditions and obligations must be complied with as a condition to receiving the PHMC Grant for the benefit of Tenant. If Landlord fails to comply with any of the above PHMC requirements, Landlord understands and agrees that the Landlord shall be obligated to return the entirety of the PHMC Grant funds received by Landlord to the City within thirty (30) days of demand by the City and that the City may exercise any and all rights and remedies permitted by law to collect the PHMC Grant funds.

DATE: _____

LANDLORD: _____

If Individual: _____ [Signature]

_____ [Print Name]

Email Address (**required**): _____

If Entity: _____ [Insert Name of Company]

_____ [Signature]

_____ [Title]

Email Address (**required**): _____

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

CONSENT FOR SERVICE FORM AND AFFADVIT

By signing this consent form and affidavit, I attest to the fact that I am applying for the PHMC COVID-19 Emergency Rental Assistance Program because I am experiencing a loss of income or increase in expenses due to the COVID-19 pandemic.

I agree to cooperate with referring and administering agency staff in providing additional information, as required, to complete the application. I have answered the questions on the application form and have submitted all necessary documentation to support my request for assistance.

Applications are considered by the requirements outlined in PHMC's Shallow Rent Program Guidelines. Staff at the medical case management agency will provide any assistance needed by applicants in the application and appeal process.

CONFIDENTIALITY STATEMENT

Assigning an "individual identification number" to the application and maintaining records in a locked file assures the applicant's privacy. Records are maintained for seven years and then destroyed. Application forms are open to inspection only to those professionals who are licensed or fund the activities of this program and for internal contract review, when necessary. Neither this agency nor its representatives will reveal the applicant's personal health or medical information to anyone without a release form in accordance with Pennsylvania Act 59.

The agency completing this application reserves the right to deny or limit service based on its professional judgment of needs. A negative decision will be discussed with you. You have the right to appeal this decision. The agency will make every effort to provide satisfactory service in every respect; however, if you should experience an unusual difficulty, please contact the agency's Executive Director who will act promptly to assist you. In regard to any of the above items, you may request a detailed copy of the agency's relevant appeals process. You may also request to appeal the decision by contacting the Health Information Helpline at 215-985-2437.

This information has been disclosed to you from records protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or if authorization by the confidentiality of HIV-related information Act, 35 P.S. Section 7601. Et Seq. A general authorization for the release of medical or other information is not sufficient for this purpose.

APPLICANT STATEMENT

I understand that it is a federal offense to knowingly make a false statement in this affidavit (Title 17, United States Code, Section 10140). Applicant has read information carefully to be sure information contained herein is true and complete before submitting.

I understand that the information provided in this affidavit or any other document related

**Public Health Management Corporation (PHMC)
COVID-19 Emergency Rental Assistance Program**

thereto does not represent any commitment or obligation to be awarded or provided through PHMC's COVID-19 Emergency Rental Assistance Program.

I give consent/authorization PHMC and the Philadelphia Department of Public Health, AIDS Activities Coordinating Office and their respective agents, employees, and assigns, to share, disclose, analyze, and discuss all documentation and information provided within this application and in subsequent communications related to the PHMC COVID-19 Emergency Rental Assistance Program.

I consent to participate in the program, and I also give consent/authorization to PHMC and their respective agents, employees, and assigns, to contact my landlord, if I am selected to receive assistance.

I have been offered, read and signed a copy of the agency's release form in accordance with Pennsylvania Act 59.

Applicant Signature: _____

Date: _____

Medical Case Manager or
Housing Counselor Signature: _____

Date: _____