

# COVID EMERGENCY RENTAL ASSISTANCE (CERA) Owner/Landlord Application

Submit completed application with supporting documents to your local HARA. A list by county can be found online at

https://www.michigan.gov/docume nts/mshda/CERA Contact List 7 17582 7.pdf

#### Please:

Print clearly.

Do NOT include original documents (send photocopies).

#### **Avoid Processing Delays:**

Applications must:

- Be complete, signed and dated.
- Include all supporting documents as listed in the attached checklist.
- Be submitted to your local HARA.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

The COVID Emergency Rental Assistance (CERA) program is designed to keep Michigan residents who fell behind on their rent and/or utilities during COVID-19 in their homes.

#### Who is eligible?

Households may be eligible for the COVID Emergency Rental Assistance (CERA) program if they meet the following conditions:

- 1. Have received a past-due rent or utility notice, notice to quit or a court ordered summons, complaint or judgment for unpaid rent after March 13, 2020
- 2. Have a gross household income is below 80% area median income (AMI), for the area
- 3. Have experienced an eligible COVID hardship since March 13, 2020.
- 4. A state ID (or other government issued ID) in the tenant's name (with supporting proof of residency if the address does not match the unit)
- 5. A lease agreement in the tenant's name (if a written lease was completed)

For more information on eligibility, please see the COVID Emergency Rental Assistance (CERA) program FAQ (online at <a href="https://michigan.gov/cera">https://michigan.gov/cera</a>) or call your local Housing Assessment and Resource Agency (HARA). A list by county can be found online at

https://www.michigan.gov/documents/mshda/CERA Contact List 717582 7.pdf

Disclaimer: All applications submitted to MSHDA will be discarded.
All applications must be sent to your local HARA.

## COVID Emergency Rental Assistance (CERA) Owner/Landlord Application

| 1. Owner/Landlord Full Name (as shown of                      |            |                                    |             | s                                    | ocial Secur                             | ity Numb   | er/Employer le    | dentific                    | cation  | Number   |
|---|------------|------------------------------------|-------------|--------------------------------------|---|------------|-------------------|-----------------------------|---|----------|
| Address (number stre  | et and ant | or suite no \                      |             | City                                 |   |            |                   | State                       | <u> </u>  | Zip Code |
| Address (number, street, and apt. or suite no.)               |            |                                    |             | City                                 | City                                    |            |                   | State                       | -   | Zip Code |
| Mailing Address (number, street, and apt. or suite no.)       |            |                                    |             | City                                 |   |            | State             | 9                           | Zip Code  |          |
| Phone Number Contact name and num                             |            |                                    | e and numbe | mber to leave messages Email Address |   |            |                   |                             |   |          |
| 2. Tenant Information   | on         | I                                  |             |                                      |   |            |                   |                             |   |          |
| Full Name(s)  |            |                                    |             | С                                    | ounty                                   |            |                   |                             |   |          |
| Contract Unit Address (number, street, and apt. or suite no.) |            |                                    |             | City                                 | City                                    |            |                   | State                       | )   | Zip Code |
| Number of Bedrooms in Unit                                    |            | Move-in date                       |             | T                                    | Tenant Rent amount                      |            |                   | Number of Months in Arrears |   |          |
| 3. Payment History  | ,          |                                    |             | l                                    |   |            |                   |                             |   |          |
| Prior to March 13, 20   | 20         |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    | Total amou  | nt past o                            | due or deline                           | quent prio | r to March 13,    | 2020                        |   |          |
| March 13, 2020 to Pre   | esent      |                                    |             |                                      |   |            |                   |                             |   |          |
| Month / year Tena   |            | nant Rent amount Payment applicabl |             | amount<br>e)                         | amount (if Payment date (if applicable) |            | t date (if<br>le) |                             | Amount past due or delinquent (without late fees) |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   | ,        |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   |            |                                    |             |                                      |   |            |                   |                             |   |          |
|   | ı          |                                    | Total       | amount                               | past due or                             | delinquen  | t (without late   | fees)                       |   |          |
|   |            |                                    |             | Total                                | late fees as                            | sessed sir | nce March 13,     | 2020                        |   |          |

## COVID Emergency Rental Assistance (CERA) Owner/Landlord Application

|  | d Eviction Information   |                               |                                     |  |  |  |
|--|--|-------------------------------|-------------------------------------|--|--|--|
| Are utility pay  | ments past due or delinquent on this unit?                                   | Have you filed for eviction?  |                                     |  |  |  |
| ☐ Yes - Must complete applicable box/es below ☐ No   |  | ☐ Yes<br>☐ No                 |                                     |  |  |  |
| Utility Type   | Utility Provider   | Amount past due or delinquent | Tenant makes utility payment to     |  |  |  |
| Electricity  |  |                               | ☐ Owner/Landlord ☐ Utility Provider |  |  |  |
| Utility Type   | Utility Provider   | Amount past due or delinquent | Tenant makes utility payment to     |  |  |  |
| Gas/Propar<br>Other Hea<br>Source  |  |                               | Owner/Landlord Utility Provider     |  |  |  |
| Utility Type   | Utility Provider   | Amount past due or delinquent | Tenant makes utility payment to     |  |  |  |
| Water  |  |                               | ☐ Owner/Landlord ☐ Utility Provider |  |  |  |
| Utility Type   | Utility Provider   | Amount past due or delinquent | Tenant makes utility payment to     |  |  |  |
| Sewer  |  |                               | ☐ Owner/Landlord ☐ Utility Provider |  |  |  |
| Utility Type   | Utility Provider   | Amount past due or delinquent | Tenant makes utility payment to     |  |  |  |
| Trash*   |  |                               | ☐ Owner/Landlord ☐ Utility Provider |  |  |  |
| 5. Owner/L   | are allowed only if included with another utility bill andlord Certification | 1                             |                                     |  |  |  |
| If this application is funded the Owner/Landlord agree that:  1. The settlement amount will be the Tenant's total obligation for rent, late fees, court costs, and other charges (recognizing that, if the CERA payment includes prospective rent, that payment might surpass the Tenant's present financial obligation). The settlement amount shall not include and the Landlord/Owner waives any late fees assessed after March 13, 2020 in excess of \$400 and any court costs in excess of \$150.  2. When the CERA payment will not fully satisfy Tenant's financial obligation to Owner/Landlord and the settlement includes an installment repayment plan, if Tenant is performing that plan's repayment terms, which performance Owner/Landlord will cooperate with, Owner/Landlord will not take steps to evict Tenant for non-payment of the rent (or any other charges) that plan covers.  3. It will waive any other present and known grounds for eviction against Tenant other than its nonpayment of rent claim or a claim based on a serious and continuing violation of the lease or law.  4. Except for grounds permitted by #3 above, or in MCL 600.5714(1)(b), (c)(i), (d), (e), or (f), or MCL 600.5775, Owner/Landlord will not take steps to terminate a tenancy anytime before 1 month after a CERA payment, or, if a CERA payment covers a period of prospective rent, until at least 1 month after that period.  5. It has not received any other eviction diversion or rental assistance payments for this same arrearage for this Tenant.  6. Owner/Landlord Signature  I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; the undersigned is the person legally entitled to possession of the property, and thereby authorized to bind the landlord to legal agreements on behalf of the person or entity legally entitled to possession of the property, and thereby authorized to bind the landlord to legal agreements affecting the terms of the lease for the Contract U |  |                               |                                     |  |  |  |
| Owner/Landlo   | rd Signature   | Da                            | ute                                 |  |  |  |

### Checklist

| Before submitting this application for the COVID Emergency Rental Assistance (CERA) program, please review the following to make sure that all required information is included with the application.                                     |
|---|
| Copy of past-due rent notice, a notice to quit or a court ordered summons, complaint or judgemen  |
| ☐ Most current copy of lease agreement in Tenant's name (if a written lease was completed)  |
| Copy of rental payment history if not provided on Application   |
| Copy of utility statements showing amount past due, if applicable   |
| <ul> <li>COVID Emergency Rental Assistance (CERA) Tenant Application (Tenant may also submit<br/>separately)</li> </ul>   |
| Copy of a state ID (or other government issued ID) in the Tenant's name (with supporting proof of<br>residency if address does not match the unit) (Tenant may also submit separately)  |
| ☐ Copy of Tenant household income, if applicable (Tenant may also submit separately)  |
| <ul> <li>Household income for one month, OR</li> <li>Copy of submitted 2020 IRS form 1040 (first two pages)</li> <li>Food Assistance Program Notice of Case Action form (only applicable for households with 3 or less people)</li> </ul> |
| ☐ Owner/Landlord or Management Agent W-9  |
| ☐ Supporting documentation for proof of COVID Hardship (Tenant may also submit separately)  |

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|---|---|--|--|--|
| Type of COVID Hardship  | Best Documents to Show Proof  | Alternate Documents to Show Proof  |  |  |
| A member of my<br>household qualified for<br>unemployment after<br>March 13, 2020                           | Unemployment Monetary Determination Letter OR screen shots from unemployment website showing payments and person's name           | Signed letter from applicant stating the time period they received unemployment benefits |  |  |
| A member of my<br>household has had a<br>10% reduction in income<br>after March 13, 2020                    | Signed letter from applicant outlining your original hours and pay rate and reduced hours and pay rate during the COVID outbreak  |  |  |  |
| A member of my<br>household has incurred<br>significant costs (over<br>\$500) after March 13,<br>2020       | Signed letter from applicant stating what type and amounts of increased expenses the household incurred during the COVID outbreak |  |  |  |
| A member of my<br>household experienced<br>other financial hardship<br>(over \$500) after March<br>13, 2020 | b they occurred during the COVID outbreak   |  |  |  |