



SUFFOLK COUNTY CONSORTIUM
EMERGENCY RENTAL ASSISTANCE PROGRAM
FOR COVID-19 RELIEF

PROGRAM GUIDELINES

Important: Please retain this copy of the program guidelines after you send in the application as it contains important program information.

Questions? Please contact: 631-853-5705 or
Community.Development@suffolkcountyny.gov

- 1. GOAL:** To assist residents of Suffolk County whose income has been affected by the COVID-19 pandemic and are unable to afford their rent.
- 2. GRANT ASSISTANCE:** The Suffolk County Consortium emergency rental assistance funds are a one-time payment granted to eligible applicants in an amount up to 100% of one month's rent, up to a maximum of \$2,500. This program funds residents in existing rental units. The applicant will be required to fill out and sign a self-certification form to verify their income and how they were affected by the pandemic.
- 3. ELIGIBILITY CRITERIA:** An applicant must:
 - Be a Suffolk County resident who is currently occupying a legal permanent housing unit (no hotels, motels, or dorms) within one of the participating Consortium municipalities (see below).
 - Be a Low to Moderate Income Household. All applicant households (except for those in the Town of Huntington) must have a combined gross annual income not exceeding 80% of the area median income (AMI) as determined by HUD. Applicants residing within the Town of Huntington must have a combined gross annual income not exceeding 60% AMI (see chart that follows).
 - Have a fully-executed lease that has been in effect for a minimum of one month at the time of application, and has a term of at least one year.

4. **2020 INCOME GUIDELINES:** The maximum permitted combined gross annual household income for applicants shall not exceed 80% of the area median annual household income (AMI) as determined by HUD. Applicants residing within the Town of Huntington cannot exceed 60% AMI. Such amounts are set forth below.

Household Size	Maximum Combined Allowable Annual Income (60%AMI)	Maximum Combined Allowable Annual Income (80%AMI)
1	\$53,200	\$70,900
2	\$60,800	\$81,050
3	\$68,400	\$91,200
4	\$75,950	\$101,300
5	\$82,050	\$109,400
6	\$88,150	\$117,500
7	\$94,200	\$125,600
8 or more	\$100,300	\$133,700

5. **TYPES OF ELIGIBLE HOUSING:** Pre-existing or newly constructed single family residences located within the Suffolk County Consortium Selection Area must be occupied as a principal residence, including single-family houses, apartments, condominiums, cooperative apartments (co-ops) or manufactured homes.

6. **CONSORTIUM AREA:**

Applicants **must** reside in a rental unit within the Suffolk County Consortium Selection Area stated below:

- **Town of East Hampton** – and the Village of Sag Harbor
- **Town of Huntington** – entire town
- **Town of Riverhead** – entire town
- **Town of Shelter Island** – excluding incorporated villages
- **Town of Smithtown** – and the Village of the Branch
- **Town of Southampton** – and the incorporated Villages of Sag Harbor, Southampton, Westhampton Beach and Westhampton Dunes
- **Town of Southold** – entire town

7. **OBTAINING THE GRANT ASSISTANCE:** As a condition to obtaining assistance, applicants are required to submit to the Suffolk County Community Development Office (SCCDO) the following documents as soon as they are available:

- Suffolk County Consortium Emergency Rental Assistance Program for COVID-19 Relief 2021 Application
- Fully-executed lease (copy, to be submitted with application)
- Signed and notarized Tenant Income Self-Certification Affidavit (original, to be submitted with application), summarizing your current household size and income, how you have been affected by the COVID-19 pandemic, and stating that all information you have provided the County is accurate and complete.
- Fully executed Emergency Rental Assistance Agreement. (This document will be provided to eligible applicants after they have been reviewed and approved).
- Fully executed Landlord Agreement, signed by your Landlord. (This document will be provided to eligible applicants after they have been reviewed and approved).

Payments will be made **DIRECTLY TO THE LANDLORD**. In order to receive the assistance after being deemed eligible, you will be required to sign a Rental Assistance Agreement to secure the terms of the grant. In addition, your Landlord will be required to sign a Suffolk County Payment Voucher and a Landlord Agreement, affirming that the rental unit is hazard-free. The Community Development Office reserves the right to perform a visual inspection of the premises to verify the unit is free of hazards. Before submission, please make sure your application and all accompanying documentation is complete and accurate. Once received by SCCDO, any changes to your application could place your application at risk of being moved to the end of the application list.

8. **RESTRICTIONS:**

- The subject rental unit must be currently occupied by the applicant as their primary place of residence. No short-term rentals, vacation rentals, sublets, or secondary rentals will be accepted.
- The applicant must have entered into a lease agreement to rent the subject property. The date of full execution must be a minimum of one month earlier than the date of application, and the term of the lease must be not less than one year.
- The applicant may not be, or be related to, or have any business interest with, any Suffolk County elected official or their employee, Suffolk County Political Party, or Suffolk County Community Development employee.

APPLICATION PROCEDURE: Be sure to **include all required documentation** with your application **as stated on the application checklist**. Incomplete applications **will not be considered**. Complete applications will be evaluated on a first-come first-served basis. Applications may be returned by USPS

mail to:

Suffolk County Community Development Office
Attention: Emergency Rental Assistance Program

100 Veteran's Memorial Highway
P.O. Box 6100
H. Lee Dennison Building – 2nd Floor
Hauppauge, N.Y. 11788-0099

- ◆ **If you want confirmation of delivery**, go to the post office and have your application submission sent “Certified Mail, Return Receipt Requested”
- ◆ **Application packages may be hand delivered** to the H. Lee Dennison Bldg. on Veterans Memorial Highway in Hauppauge. They must be in a sealed envelope. There will be a secure drop-off bin at the Security Desk in the lobby.
- ◆ Applicants will be notified of their eligibility status **by email or telephone**, as soon as a determination has been made.

APPLICANTS ARE STRONGLY ENCOURAGED TO TYPE THEIR INFORMATION INTO THE APPLICATION.

Suffolk County reserves the right to nullify and/or void any approval letter issued for the Suffolk County Consortium Emergency Rental Assistance Program based on funding availability and any changes in eligibility status, as funding is limited.

Suffolk County is not responsible to any party for the loss of a rental assistance payment or any other damages which may arise as a result of the applicant's failure to adhere to the terms of the Suffolk County Consortium Emergency Rental Assistance Program Guidelines, as stated in this document.

Please retain the program guidelines and submit the application portion on pages 5-13

SUFFOLK COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

9 QUESTIONS 9a and 9b MUST BOTH BE ANSWERED:

The following information is being requested for statistical and reporting purposes only, to comply with federal equal opportunity requirements.

Your answers will not affect your eligibility for this program.

9a. Ethnicity of Head of Household: Are you Hispanic/Latino? Yes_____ No_____

AND

9b. Race of Head of Household:

___ (11) White

___ (12) Black/African American

___ (13) Asian

___ (14) American Indian or Alaska Native

___ (15) Native Hawaiian or Other Pacific Islander

___ (16) American Indian/Alaskan Native and White

___ (17) Asian and White

___ (18) Black/African American and White

___ (19) Amer. Indian/Alaskan Native and Black/African American

___ (20) Other Multi-Racial

___ (21) Asian/Pacific Islander

SUFFOLK COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

10. **List each person who lives with you in the household.** Start with yourself and please include **custodial** children (who live with you at least 50% of the time), spouse, fiancé, life partner, parent, friend, etc. (regardless of relationship).

1	First Name:	Last Name	Circle one: Male or Female	Self	Annual Income
			Date of Birth: →		
2	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
			Date of Birth: →		
3	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
			Date of Birth: →		
4	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
			Date of Birth: →		
5	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
			Date of Birth: →		
6	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
			Date of Birth: →		
7	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
			Date of Birth: →		
8	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
			Date of Birth: →		



SUFFOLK COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

11. CURRENT EMPLOYMENT: List all current employers for each wage earner over 18 years of age listed in section # 8. Include a separate sheet for any other employers. Do not list any past employers.

Your Name:	Employed by:	Gross Annual Income: \$
	Location Address:	
	Job Title:	Full Time employee? YES / NO Please circle your choice
	Date Hired:	

Your Name:	Employed by:	Gross Annual Income: \$
	Location Address:	
	Job Title:	Full Time employee? YES / NO Please circle your choice
	Date Hired:	

Your Name:	Employed by:	Gross Annual Income: \$
	Location Address:	
	Job Title:	Full Time employee? YES / NO Please circle your choice
	Date Hired:	

Your Name:	Employed by:	Gross Annual Income: \$
	Location Address:	
	Job Title:	Full Time employee? YES / NO Please circle your choice
	Date Hired:	

12. ANY OTHER SOURCES OF INCOME: List all sources of income other than wages (i.e., social security, disability, unemployment, retirement income, workers comp, investment income, bonuses, etc.) and state the frequency it is paid (i.e., weekly, monthly, annually, etc.)

Recipient Name	Income Source	Amount	Frequency
		\$	
		\$	
		\$	
		\$	

Please read this entire page and then sign below.

I hereby authorize the release of financial information by and to the Suffolk County Community Development Office on my behalf in relation to this application for the Suffolk County Consortium Emergency Rental Assistance Program. This authorization includes the release of any financial information and documentation to the Suffolk County Community Development Office from any landlord or from any employer.

I understand that providing false or incomplete information will disqualify me from consideration in the Suffolk County Consortium Emergency Rental Assistance Program and/or represent a criminal offense. If any of the information provided in this application changes prior to receiving assistance, it is my responsibility to notify the Suffolk County Community Development Office in writing so that an updated determination can be made regarding my eligibility status. Program eligibility must be maintained from the point of application to the awarding of the grant assistance.

I understand that this is not an offer and that the terms and conditions of the Suffolk County Consortium Emergency Rental Assistance Program may be changed at any time by the U.S. Department of Housing and Urban Development (HUD) or by the Suffolk County Community Development Office. I further understand that notices by the Suffolk County Community Development Office may be made in such manner as the Suffolk County Community Development Office may determine, including solely by advertisements.

I understand and acknowledge that Suffolk County is not responsible to any party for the loss of a rental assistance payment or any other damages which may arise as a result of the applicant's failure to adhere to the terms of the Suffolk County Consortium Emergency Rental Assistance Program, as so stated.

I understand and acknowledge that I have read the entire Suffolk County Emergency Rental Assistance Program for COVID-19 Relief Program Guidelines.

Applicant Signature

Date

Applicant Signature

Date

WARNING: Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency as to any manner within its jurisdiction.

Suffolk County Consortium Emergency Rental Assistance Program

Tenant Income Self-Certification Affidavit

State of New York

SS:

County of Suffolk

_____, being duly sworn, deposes and states the following to be true under penalty of perjury:

- 1) I/We am/are the tenant(s) residing at _____
(Address of Unit)
- 2) That I/we have continuously occupied the premises as my/our primary place of residence for the period
of time from _____ to _____.
- 3) That I/we pay monthly rent for the premises in the amount of \$_____ per month.
- 4) My landlord's name is _____.
- 5) That there are a total of ____ persons living in my/our household, and ____ bedrooms.
- 6) That my/our household income has been affected by the COVID-19 pandemic in the following manner:

- 7) That due to the circumstances described in #6, my/our current **total combined household gross income** is \$_____ Check one: ___ per week ___ per month ___ per year

Dated _____

(Tenant's signature) (Current phone #)

On this ____ day of _____, in the year 2021, before me, the undersigned personally appeared _____, personally known to me on the basis of satisfactory evidence to the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Dated _____

(Tenant's signature) (Current phone #)

On this ____ day of _____, in the year 2021, before me, the undersigned personally appeared _____, personally known to me on the basis of satisfactory evidence to the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public



Required Documentation Checklist

- ❖ **Use this checklist to be sure your application package is complete.**
- ❖ **Your application will not be considered complete unless all the following applicable documentation is included.**
- ❖ **Incomplete applications *will not be reviewed* for eligibility.**

- Original Signed and dated** 2021 Suffolk County Consortium Emergency Rental Assistance Application.
- Signed and dated** lease agreement(copy).
- Original Signed and notarized Tenant Income** Self-Certification Affidavit stating household size, total gross household annual income, and the manner in which your income has been affected by the COVID-19 pandemic.

The application may be also dropped off at:
Suffolk County Community Development Office
100 Veteran's Memorial Highway
H. Lee Dennison Building – 2nd Floor
Hauppauge, NY 11788
631-853-5705
Community.Development@suffolkcountyny.gov