MSHDA
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

COVID EMERGENCY RENTAL ASSISTANCE (CERA)

Tenant Application

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

https://www.michigan.gov/documents/mshda/CERA_Contact_List_717582_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?

You may be eligible for the COVID Emergency Rental Assistance (CERA) program if you meet **all** the following conditions:

1. Have received a past-due rent 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 below 80% area median income (AMI), for the area
3. Have experienced an eligible COVID hardship since March 13, 2020.
4. A state 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 https://michigan.gov/cera) 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) Tenant Application

1. Tenant Information

Full Name (Head of Household)	Date of Birth (mm/dd/yyyy)	Social Security Number	
Gender ☐ Female ☐ Male ☐ Gender Non-Conforming	Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	Ethnicity ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	Disabling Condition ☐ Yes ☐ No
Veteran ☐ Yes ☐ No			

2. Household Information – List all other persons living with you.

Full Name	Date of Birth (mm/dd/yyyy)	Social Security Number	
Gender ☐ Female ☐ Male ☐ Gender Non-Conforming	Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	Ethnicity ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	Disabling Condition ☐ Yes ☐ No
Veteran ☐ Yes ☐ No	Relationship to Head of Household ☐ Head of Household's child ☐ Head of Household's spouse or partner ☐ Head of Household's other relation member (other relation to head of household) ☐ Other: non-relation member		

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**Complete additional pages as needed to respond for all household members*

3. Household (Contract Unit) Address

Address (number, street, and apt. or suite no.)	City	State	Zip Code
County			

4. Mailing Address, if different than above

Address (number, street, and apt. or suite no.)	City	State	Zip Code

5. Contact Information

Phone Number	Contact name and number to leave messages	Email Address

6. COVID Hardship

Please check the box/es of the situations that apply to your household.

☐ One or more individual in the household qualified for unemployment benefits, or
☐ has experienced a reduction in household income, or
☐ incurred significant costs, or
☐ experienced other financial hardship due directly or indirectly to the COVID outbreak
☐ none of the above

Are you at risk of homelessness or housing instability because of your past-due rent or eviction notice?

☐ Yes
☐ No

7. Household Income – Does your household have any income? ☐ **No** ☐ **Yes** → Total monthly household income $ _____

Does your household receive benefits from the Food Assistance Program (FAP)? ☐ **No** ☐ **Yes**

Please check **all** sources of income that your household received in the last 30 days (one month). **ATTACH PROOF**

☐ Social Security benefits
☐ Supplemental Security Income (SSI)
☐ Pension/retirement benefits
☐ Veteran's benefits/Military allotments
☐ Disability benefits
☐ Self-employment income
☐ Unemployment
☐ Child Support
☐ Employment/earned income
☐ Worker's Compensation
☐ Money from family/friends
☐ Other, please list: _____
☐ Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.)
☐ Rental income or a land contract, mortgage, or other payment payable to a household member

Household Member Name*	Source of Income (include employer name, if applicable)	Rate of Pay or Payment Amount	Number of hours worked per week (if applicable)	Payment Basis (hourly, weekly, monthly, etc.)

**Complete additional pages as needed to respond for all household members*

8. Rental Information

Number of Bedrooms in Unit	Move-in date	
Tenant Rent amount	Date of Last Payment	
Owner/Landlord Name	Number of Months in Arrears	
Are you past due or delinquent on your rent? ☐ **Yes** ☐ **No**	Amount past due or delinquent	Total late fees amount
Is your rent subsidized by another program such as the Housing Choice Voucher Program, Section 8, Project Based Voucher, Public Housing, etc.? ☐ Yes ☐ No		
Has the Owner/Landlord filed for eviction? ☐ Yes ☐ No		

9. Utility and Internet Information

Are you past due or delinquent on your utility payments? ☐ Yes – Must complete applicable box/es below ☐ No		Do you have home internet? If yes, would you like help paying your bill? ☐ Yes – Must provide Internet bill/statement ☐ No	
Utility Type **Electricity**	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to ☐ Owner/Landlord ☐ Utility Provider
Utility Type **Gas/Propane/ Other Heat Source**	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to ☐ Owner/Landlord ☐ Utility Provider
Utility Type **Water**	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to ☐ Owner/Landlord ☐ Utility Provider
Utility Type **Sewer**	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to ☐ Owner/Landlord ☐ Utility Provider
Utility Type **Trash***	Utility Provider	Amount past due or delinquent	Tenant makes utility payment to ☐ Owner/Landlord ☐ Utility Provider

*Trash arrears are allowed only if included with another utility bill

10. Tenant Certification

Initials	I understand that if funded, this application only resolves the issue of rent arrears and fees owed through the date of payment of rental assistance, and that all other obligations of the Lease remain enforceable.

11. Tenant 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; fully discloses my household income from all sources; and accurately represents my/our current living circumstances. I understand providing false statements or information is grounds for denial of program assistance and potential state or federal prosecution. I authorize MSHDA, and any of its authorized representatives to verify the information provided in this application is true and correct. I also understand that additional information might be required to move forward with this program and/or verify my eligibility for assistance.

Tenant Signature	Date

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 judgement
- ☐ Copy of state ID for the tenant applicant (with proof of residency if address does not match the unit)
- ☐ Most current copy of lease agreement in tenant's name (if a written lease was completed)
- ☐ Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18
  - Household income/benefits (unemployment, SSI, etc.) for one month, OR
  - Copy of submitted 2020 IRS form 1040 (first two pages)
  - Food Assistance Program Notice of Case Action form (only applicable for households with 3 or less people)
- ☐ Copy of ALL utility statements showing amount past due, if applicable
- ☐ Copy of Internet bill/statement, if applicable
- ☐ COVID Emergency Rental Assistance (CERA) Owner/Landlord Application and required documents (Owner/Landlord may also submit separately)
- ☐ Supporting documentation for proof of COVID Hardship (only one hardship is necessary)

Type of COVID Hardship	**Best Documents to Show Proof**	**Alternate Documents to Show Proof**
A member of my household qualified for unemployment after 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 household has had a 10% reduction in income 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 household has incurred significant costs (over $500) after March 13, 2020	Signed letter from applicant stating what type and amounts of increased expenses the household incurred during the COVID outbreak	
A member of my household experienced other financial hardship (over $500) after March 13, 2020	Signed letter from applicant stating what type of financial hardship they occurred during the COVID outbreak	