



# RENTAL ASSISTANCE APPLICATION

Please read the following policies and procedures, effective April 1, 2022:

- ◆ **Only COMPLETE APPLICATIONS** can be processed: please see Page 1 of the application. New Bethany has a five-week minimum processing time.
- ◆ **Meetings with case workers** are by appointment only. New Bethany is not accepting walk-ins at this time.
- ◆ **If you require copies**, kindly make them prior to dropping off your completed application. New Bethany is unable to make copies.
- ◆ **Rental assistance** for a place of current residence will be for Current or ARREARS ONLY. Future payments are not available.
- ◆ **Re-housing financial assistance** is available for individuals and families who are currently homeless or are fleeing Domestic Violence.
- ◆ **Repeat applications** can be made every six months. New Bethany cannot accept repeat applications in less time than once every six months. Applications will be treated in the same manner as a first-time application.
- ◆ **Applicants must provide, beyond any doubt, a financial hardship.** *In some cases, the financial hardship also must be due to Covid-19*
- ◆ **Applicants must have steady income** or be actively seeking a steady income.
- ◆ **Applicants must financially contribute toward housing** in the months following assistance. *Note: subsequent applications will be contingent upon having done this. Second or third time (or more) applicants must increase their contribution toward housing.*
- ◆ **First time applicants will receive priority** over second or third time (or more) applicants.

**PLEASE DO NOT EMAIL PHOTO ID's or OTHER SENSITIVE INFORMATION**

**New Bethany can only accept complete applications and by appointment only.**

**Please do NOT drop off your application  
When you have completed your application  
and have copies of all of the required documents**

**Call 610-691-5602 Press Option #2 to schedule an appointment for Intake.  
Please be sure to leave a message. Calls are returned within 2 business days**

**Coming to your appointment without a complete application and required documents  
or dropping off an application without an appointment will only cause delays in your case**

Questions? Call 610-691-5602 and press option #2 on phone menu. Be sure to leave a message.



**Housing Assistance Eligibility**

**In order for us to assist you with housing assistance, your housing must be affordable and sustainable. Total income should be at least double rent (including utilities).**

**YOU MUST HAVE AN APPOINTMENT TO SUBMIT YOUR APPLICATION**

**When you have completed your application and have copies of all of the required documents call 610-691-5602 Option #2 to schedule your appointment for Intake. Be sure to leave a message**

**FOR YOUR APPLICATION TO BE ACCEPTED YOU MUST BRING THESE ITEMS ALONG TO YOUR APPOINTMENT:**

1. Appointment location: 313 West 4th St, Bethlehem, PA 18015.
2. Completed and signed application
3. Photo ID (e.g. Driver's License) and Social Security (card or number)
4. ID for everyone in the household over 18 years of age
5. COPIES of all documents listed below: (New Bethany will not make copies for you.)

- 1. Proof of current pending eviction (if applicable)
- 2. Proof of assets (Bank Statements and Vehicle Registrations)
- 3. Proof of Hardship for non-payment (loss of jobs, reduction of hours, Doctor's note, etc.)
- 4. Proof of income for the last twelve (12) months
  - a. Proof of assistance (unemployment, PUA unemployment, Public assistance, etc.)
  - b. If self-employed (Provide 1099's/Proof of Sales)
  - c. If married or Domestic Partnership (provide separate proof of income).
  - d. If 18 or older and works and pays rent (proof of income)

**GENERAL RELEASE OF INFORMATION:**

I, \_\_\_\_\_ (printed name), understand that New Bethany Ministries may perform a background check prior to my acceptance in the Program. I further understand that New Bethany Ministries will verify employment, income, and rental history. This will be reviewed on a regular basis and prior to providing additional financial support. I hereby waive my rights to confidentiality, and authorize the release of information, verbally or in writing, from employers, landlords, and other organizations or agencies for the purposes noted above. This release will remain in effect for the duration of my receiving housing assistance from New Bethany Ministries.

Applicant's Name \_\_\_\_\_ Witness Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Witness Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_



**RISK OF HOMELESSNESS DOCUMENTATION ADDENDUM**

APPLICANT / CLIENT STORY (IN HIS/HER OWN WORDS, WRITTEN BY CLIENT)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**CLIENT TO CHECK EACH STATEMENT WHICH APPLIES:**

I/we certify that my/our housing status is either homeless OR At-risk of losing housing

I/we certify that no subsequent housing options have been identified

I/we certify that I/we lack the financial resources and support necessary to obtain permanent housing

**APPLICANT:**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CO - APPLICANT:**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Applicant(s) Information**

<b>Applicant's Email:</b> _____			
<b>Name:</b> _____		<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
<b>Address (Must match lease):</b> _____		<b>Household Size:</b> _____	
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>County:</b> _____
<b>Phone #</b> _____	<b>Date of Birth:</b> _____	<b>Last 4 of SS #:</b> _____	
<b>Marital Status:</b> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed <input type="checkbox"/>			

Additional Household Member's	Name	Relationship to Head of Household	Age

Did you receive a notice in writing from your Landord or from the Court to vacate?  YES  NO

If yes, Check the type of notice/letter received?  Notice to Quit  Eviction Notice  Other \_\_\_\_\_

Landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

*What is your current need?*

Security Deposit \$ \_\_\_\_\_ First Month Rent \$ \_\_\_\_\_ Last Month Rent \$ \_\_\_\_\_

Arrears \$ \_\_\_\_\_ Utility Assitance \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

What months, if any, are you are behind on your rent? Please check appropriate boxes:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WHAT IS YOUR HARDSHIP? (e.g., lost job, divorce, medical, etc.)?**

**IS YOUR HARDSHIP RELATED TO COVID-19?  YES or  NO DATE HARDSHIP BEGAN:**

<i>(for Office Use Only)</i>	Print: _____	Title: _____	
Documents Reviewed by: Sign: _____	Date _____		



**ALL INCOME AND EXPENSE AMOUNTS MUST BE CURRENT (AS OF THE DATE OF THIS APPLICATION)**

**Household Income/Expenses (for all members of household )      Date entering this information: \_\_\_\_\_**

**Applicant Name(s):**

<b>Income</b>	<b>Monthly Amount</b>	<b>Verified Date/Init*</b>	<b>Expenses</b>	<b>Monthly Amount</b>
Employment:			TV/Internet/Phone/Cell:	
SSI/SSDI/ Social Security:			Car Expenses:	
PA Unemployment			Rent:	
Federal Unemployment:			Utilities (including gas, electric, water, sewer, trash):	
Child Support/Alimony:			Child Care:	
TANF/Food Stamps: <b>(Circle one, or both, if applicable)</b>			Medical:	
Workers Comp:			Groceries:	
Veteran's Pension/Disability:			Other (specify):	
Pension/Retirement:			Other (specify):	
Foster Care:			Other (specify):	
Public Assistance:			Other (specify):	
<b>Total Income:</b>			<b>Total Expenses:</b>	