

# Virginia Rent and Mortgage Relief Program (RMRP)

## Tenant Application



Date of Application: \_\_\_\_\_ Unique Identifier\*: \_\_\_\_\_

Property Name: \_\_\_\_\_

Landlord/Property Owner (full legal name): \_\_\_\_\_

Authorized Agent completing application on Landlord's Behalf (if applicable): \_\_\_\_\_

Contact Info for Landlord/Agent E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Unique Identifier must be established by the Authorized Agent in the following format – Property Initials, Tenant Initials, Unit #, and Date of Application in the YYMMDD format.*

### OVERALL MINIMUM REQUIREMENTS

In order to receive financial assistance through the Virginia Rent and Mortgage Relief Program (RMRP), households must meet the following minimum requirements:

- The Tenant has a valid lease statement in their name.
- The household has experienced a loss of income due to COVID-19/Coronavirus pandemic (Head of household must complete the self-certification of loss of income below).
- The household's total rent is at or below 150% Fair Market Rent for unit size and location.
- The household's current gross income is equal to or less than 80% Area Median Income for household size and location (supporting documentation required).

### HOUSEHOLD INFORMATION

Please enter the following information for the primary tenant:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: Virginia Zip Code: \_\_\_\_\_

County/City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupant Name	Age	Monthly Income

# Virginia RMRP Tenant Application

Tenant's Full Name: \_\_\_\_\_ Unique Identifier: \_\_\_\_\_  
 Property Name and Unit #: \_\_\_\_\_

Occupant Name	Age	Monthly Income
<b>Total Household Monthly Gross Income*</b> (Must attach supporting documentation as identified on page 4)		\$
<b>Number of Individuals in Household</b>	Ages 0-8	Ages 35-44
	Ages 9-17	Ages 45-54
	Ages 18-24	Ages 55-64
	Ages 25-34	Ages 65 & over
	<b>TOTAL</b>	
<b>Household's Income AMI**</b>	<input type="checkbox"/> At or Below 30% AMI	<input type="checkbox"/> 31-50% AMI
	<input type="checkbox"/> 51-80% AMI	<input type="checkbox"/> Over Income
<b>Is Household at or below 80% AMI**?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\*The determination of income includes any unemployment insurance received by a member of the household but does not include one-time payments such as a stimulus check.*

*\*\*Adjusted for household size and jurisdiction. Income limits are available via the following link:  
<https://www.huduser.gov/portal/datasets/il.html>.*

## SELF CERTIFICATION OF LOSS OF INCOME

The Tenant has experienced a loss of income due to COVID-19/Coronavirus pandemic. Please select the reason(s) for loss of income below:

- Laid off
- Place of employment has closed
- Reduction in hours of work
- Must stay home to care for children due to closure of day care and/or school
- Reduction or elimination of child or spousal support
- Not able to work and/or missed hours due to contracting COVID-19
- Unable to find work due to COVID-19
- Unwilling or unable to participate in their previous employment due to their high risk of severe illness from COVID-19
- Other

# Virginia RMRP Tenant Application

Tenant's Full Name: \_\_\_\_\_ Unique Identifier: \_\_\_\_\_  
Property Name and Unit #: \_\_\_\_\_

Please describe your loss of income due to the Coronavirus pandemic including circumstance(s) resulting in loss of income:

## ZERO INCOME CERTIFICATION

If household reports zero income on pg. 2, complete the below certification. If not, write N/A:

I, \_\_\_\_\_ (Tenant) verify that I, along with any other adult members of my household who are on the lease, are unemployed and not receiving any income, benefits, or financial assistance from any federal, state, or local agency and/or other private entity. I understand that false statement(s) or information provided to my landlord for the purposes of rental assistance through the RMRP could result in denial from the RMRP. I understand that failure to report income as stated above is grounds for denial from the RMRP.

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Tenant's Full Name: \_\_\_\_\_ Unique Identifier: \_\_\_\_\_  
 Property Name and Unit #: \_\_\_\_\_

## RENT/FUNDING INFORMATION

Rent includes fees and utilities that are charged to the tenant as part of the rent and listed within the lease agreement.

<b>Tenant's Monthly Rent Amount</b>	\$ _____
<b>Number of Bedrooms in Rental Unit</b>	_____
<b>Tenant's Rent Amount is at/below 150% FMR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Month & Year	Amount	Month & Year	Amount
<b>TOTAL AMOUNT of Rent Needed and Requested from RMRP</b> (Amount of Past Due Rent Owed + Current Month's Amount of Rent Due)		\$ _____	

*\*Rent may include late charges if such charges are set forth in the Lease and were permissible under the CARES Act and applicable state law at the time they were incurred.*

*\*\*Current month's rent is determined based on the date in which the application and all documentation has been verified. If verified after the 15th day of the month, RMRP funds may also be used for the upcoming month's rent.*

## DEMOGRAPHIC INFORMATION

Please enter the following information for the primary tenant:

**Race** (check only one)

- Multi-Racial
- American-Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Don't Know/Refused

**Ethnicity** (check only one)

- Hispanic or Latino
- Non-Hispanic or Latino
- Don't Know/Refused

## SUPPORTING DOCUMENTS ATTACHED

Please check all that apply.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Lease (specifically tenant's information, rent amount, and signatures)</li> <li><input type="checkbox"/> Tenant Ledger and Associated Fees</li> <li><input type="checkbox"/> Income verification</li> <li><input type="checkbox"/> Check stubs from employer</li> <li><input type="checkbox"/> Letter from employer</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Bank statement</li> <li><input type="checkbox"/> Unemployment insurance statement</li> <li><input type="checkbox"/> SSI/SSDI verification</li> <li><input type="checkbox"/> Child support/alimony verification</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|--|

# Virginia RMRP Tenant Application

Tenant's Full Name: \_\_\_\_\_ Unique Identifier: \_\_\_\_\_  
Property Name and Unit #: \_\_\_\_\_

## **VIRGINIA RMRP LANDLORD AND TENANT HOUSEHOLD AGREEMENT**

This agreement details the rights and responsibilities of both Landlord and Tenant under the Virginia Rent and Mortgage Relief Program (RMRP). By accepting payment of rent relief, I hereby agree to the following:

### **Landlord Agreement**

I, \_\_\_\_\_ (Landlord), acknowledge and agree to the requirement that I must not evict the renter for non-payment of rent associated with any of the months for which the rent relief payment is made. Furthermore, I understand that RMRP funds cannot be used to pay past due rent prior to April 1, 2020. I understand that if the renter owes past due rent prior to April 1, 2020, I must work with the tenant to develop an appropriate payment plan. If the tenant cannot adhere to the conditions within the payment plan, either the tenant or I, may return to the Rent and Mortgage Relief Program to apply for further assistance, provided the tenant remains eligible and funds are still available.

I certify that, as part of the intake and assessment of the household, I have attempted to assist the household with identifying other resources that may be available to them to prevent or divert them from eviction or foreclosure without using RMRP funding. This included a discussion of alternative resources available to the household including savings, linkages to mainstream and natural supports, and light-touch assistance.

Landlords will notify Tenant by email or mail of the amount of rent paid by RMRP and steps to take if Tenant find they are unable to pay rent in the future.

Furthermore, I acknowledge and agree to reimburse RMRP funds if it is determined at a later date that I or my Authorized Agent(s) (identified below) recorded inaccurate information contained in the Tenant Application Packet that resulted in determining the Tenant eligible for RMRP financial assistance when Tenant was actually ineligible for said assistance.

Furthermore, I shall hold harmless the Commonwealth of Virginia, DHCD, its grantees/agents (including Virginia Housing) and employees from all claims and demands based upon or arising out of any action by me, my employees, agents or contractors.

I shall maintain all contractual and household records for at a minimum of five years, and shall provide access to such records by Virginia Housing as may be requested.

I confirm that, in processing tenant's application, I have complied with all applicable fair housing laws, including but not limited to, Virginia's Fair Housing Law which makes it illegal to discriminate in residential housing on the basis of race, color, religion, national origin, sex, elderliness, familial status, source of funds, sexual orientation, gender identity, status as a veteran, or disability.

### **Tenant Agreement**

I, \_\_\_\_\_ (Tenant), acknowledge and understand the terms of this agreement and have provided true and accurate information. I have been given the opportunity to ask questions and understand that I should seek legal counsel if Landlord is in breach of this agreement.

