



Horry County Emergency Rental Assistance Application

The Horry County Emergency Rental Assistance program is designed to assist Horry County residents directly or indirectly impacted by COVID-19 with rental and utility assistance. Various forms of documentation are required by this program to determine eligibility, and if eligible, to determine the amount of financial assistance available per applicant. If you have questions regarding this application or need assistance, please call the ERAP line at (843) 492-2600.

NOTE: Much of the correspondence for this Program is via EMAIL, so please check your Spam email folder if you have not received any emails from horrycountyerap@echousing.org

Program Overview

Eligibility Criteria for Tenant:

1. Must be a Horry County resident, with proof of residency, and residing in the property that is in arrears as primary residence and;
2. One or more adults in the household must have qualified for unemployment benefits or has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly to the coronavirus outbreak that can be documented and;
3. One or more adults in the household must be able to demonstrate a risk of experiencing homelessness or housing instability such as a past due rent or utility notice, pay rent or quit notice, court issued eviction notice, fleeing domestic violence, or documented inability to pay prospective rent and;
4. Must be able to provide a fully executed rental lease or agreement where the lease is in the Applicant's name and the Applicant is responsible for monthly rent payments and;
5. Household income must fall at or below these brackets:

Household Size	1	2	3	4	5	6	7	8
Income	\$34,200.00	\$39,100.00	\$44,000.00	\$48,850.00	\$52,800.00	\$56,700.00	\$60,600.00	\$64,500.00

6. Must read and agree to full Terms & Conditions that are outlined prior to submission of the application.

If you are experiencing homelessness, please contact ECHO at (843) 213-1798 or go to <https://echousing.org/get-help> to access other referrals and resources.

You can return your completed application by mail, email, or drop it off in person:

Mail: ERA Program
ECHO
407 Broadway St.
Myrtle Beach, SC 29577

Email: horrycountyerap@echousing.org

Drop off: ECHO Main Office
407 Broadway St.
Myrtle Beach, SC 29577

Write “ERA Program” on the envelope and leave it in the mail box outside of the front door.

A. Eligibility

HMIS #: _____

A. Eligibility

The following questions will help determine whether your household meets basic eligibility for the Horry County Emergency Rental Assistance program.

A.1. Is your household income at or below the 80% area median income level?

- Yes
- No

Household Size	1	2	3	4	5	6	7	8
Income	\$34,200.00	\$39,100.00	\$44,000.00	\$48,850.00	\$52,800.00	\$56,700.00	\$60,600.00	\$64,500.00

A.2. Are you delinquent on your rent and/or utility payments OR are you earning 30% or less of the AMI or paying more than 40% of your income for rent based on the income data in the application AND know that you will not be able to pay your rent next month?

- Yes
- No

A.3. Are you a resident of Horry County?

- Yes
- No

A.4. Have you qualified for unemployment benefits OR have you experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly to the coronavirus outbreak that can be documented?

- Yes
- No



IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR EMERGENCY RENTAL ASSISTANCE. YOU CAN CONTINUE THE APPLICATION, AND WE WILL NOTIFY YOU OF YOUR ELIGIBILITY BASED ON YOUR COMPLETED APPLICATION.

B. Applicant Information

B. Applicant Information

Please provide the following information:

PRIMARY APPLICANT

B.1. Applicant First Name:

B.2. Applicant Last Name:

B.3. Home Address:

B.4. Mailing Address (If different):

B.5. Telephone Number:

B.6. E-Mail:

B.7. Has any household member been unemployed for at least 90 days from the date of this application?

- Yes
- No

CO-APPLICANT (IF APPLICABLE)

B.8. Co-Applicant First Name:

B.9. Co-Applicant Last Name:

B.10. Telephone Number:

B.11. E-Mail:

C. Household Members

C. Household Members

List all household members, including head of household. Attach additional pages if necessary to provide required information.

Name:			
SSN:		Birthdate:	
Demographics:	Relationship to Head of Household: Gender: Race: Ethnicity: Hispanic or Latino / Non-Hispanic or Latino (Circle one)	Employer: (If applicable)	

Name:			
SSN:		Birthdate:	
Demographics:	Relationship to Head of Household: Gender: Race: Ethnicity: Hispanic or Latino / Non-Hispanic or Latino (Circle one)	Employer: (If applicable)	

Name:			
SSN:		Birthdate:	
Demographics:	Relationship to Head of Household: Gender: Race: Ethnicity: Hispanic or Latino / Non-Hispanic or Latino (Circle one)	Employer: (If applicable)	

Name:			
SSN:		Birthdate:	
Demographics:	Relationship to Head of Household: Gender: Race: Ethnicity: Hispanic or Latino / Non-Hispanic or Latino (Circle one)	Employer: (If applicable)	

Total Number of Household Members: _____

D. Income Verification

Household Income Verification

You have two options for reporting/entering your household income which are outlined below. Select **one** of the options and follow the instructions for that option.

Option 1: Enter the "adjusted gross income" from your **2020 tax return** filed with the IRS and upload the first four pages of the signed tax return.

If there is more than one adult in the household and your 2020 tax returns were filed with the IRS separately add the "adjusted gross income" together from each person's tax return and the total will be entered in the box below. Note: the first four pages of each person's 2020 tax returns will be required to be uploaded.

OR

Option 2: Provide **income information** for every adult household member for each type of income following the instructions below.

Note: You will need to attach supporting documents for each type of income for each family member.

Add at least one source of income for each adult household member:

- If a household member is **employed**, then write "Employed" as the source and attach Four (4) Consecutive Weeks of Pay Stubs, W-2, or other wage statements.
- If a household member is **receiving unemployment**, then write "Unemployment Compensation" as the source and attach documentation supporting Unemployment Compensation
- If a household member is **receiving social security**, then write "Social Security" as the source and attach a social security statement or most recent award letter
- If a household member is **receiving alimony**, then write "Alimony" as the source and attach court ordered alimony statements
- If a household member is **receiving child support**, then write "Child Support" as the source and attach court ordered child support statements
- If a household member is **receiving investment income**, then write "Investment Income" as the source and attach documentation supporting investment income
- If a household member is **receiving pension**, then write "Pension" as the source and attach pension award letter
- If a household member is **receiving retirement**, then write "Retirement" as the source and attach documentation supporting retirement income
- If a household member is **receiving NO income**, then write "No Income" as the source and you will be provided with an Affidavit of Zero Income form after your application is submitted.

Failure to include **ALL** income information for every household member may prevent assistance from being provided OR you may be required to **REPAY** assistance if you are found to be ineligible after assistance is granted.

Household Income Verification (Cont.)

Complete for all 18+ household members:

_____	\$ _____	_____
Name	Amount	Source

_____	\$ _____	_____
Name	Amount	Source

_____	\$ _____	_____
Name	Amount	Source

_____	\$ _____	_____
Name	Amount	Source

_____	\$ _____	_____
Name	Amount	Source

_____	\$ _____	_____
Name	Amount	Source

E. COVID-19 Impact

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E.1. Has the leaseholder or other members of the leaseholder household lost income due to the COVID-19 pandemic?

- Yes
- No

E.2. Please check each condition that applies to the leaseholder or other members of leaseholder household who have lost income due to the COVID-19 pandemic (check all that apply):

- Have been laid off temporarily or permanently.
- Have had work hours reduced.
- Were about to start a new job but could not, or were terminated from a new job before establishing sufficient work history to be eligible for regular benefits.
- Are self-employed, and their business is no longer supplying them with income or such income has been reduced.
- Are independent contractors or gig workers who have not been able to earn fees, or whose fees have been reduced.
- Have become sick themselves or have been advised by a governmental or medical professional to self-quarantine.
- Have had to leave a job or reduce hours in order to care for a person who is sick.
- Have had to leave a job or reduce hours to care for dependents whose ordinary situations (such as school or daycare) have been disrupted.
- Have reasonable concern over the risk of infection at work, for themselves or someone in their household. (Examples include individuals who themselves or live with someone who is elderly, have underlying conditions that render them more vulnerable, or are immunocompromised).
- I had an unexpected COVID related medical or funeral expense.
- Have other conditions resulting in loss of income due to the COVID-19 pandemic. (Please describe below.)

E.3. Please provide a short description of your COVID-19 Income Loss

F. Rent Assistance Requested

F. Assistance Request

Please provide the following information:

RENTAL ASSISTANCE REQUESTED

F.1. Are you requesting rent assistance?

Yes

No

F.2. Has your household received a past-due rent or eviction notice from your landlord?

Yes

No

***If Yes, you must attach the notice.**

F.3.a. Total \$ amount of rental assistance requesting:

\$ _____

F.3.b. Total # months of rental assistance requesting:

LANDLORD INFORMATION

F.4. Landlord/Entity Name

F.5. Landlord Phone Number

F.6. Landlord Email

G. Utility Assistance Requested

G. Utility Assistance

Please provide the following information:

WATER/SEWER ASSISTANCE REQUESTED

G.1. Are you requesting water/sewer utility assistance?

Yes

No

If yes, complete questions G.2.-G.5. If no, skip to question G.6.

G.2. Water Company

G.3. Water Account Number

G.4.a. Total \$ amount of Water/Sewer assistance requesting: \$ _____

G.4.b. Total # months of Water/Sewer assistance requesting: _____

G.5 Attach a copy of your most recent water utility statement.

GAS/PROPANE ASSISTANCE REQUESTED

G.6. Are you requesting gas/propane utility assistance?

Yes

No

If yes, complete G.7.-G.10. If no, skip to question G.11.

G.2. Gas Company

G.3. Gas Account Number

G.4.a. Total \$ amount of Gas assistance requesting: \$ _____

G.4.b. Total # months of Gas assistance requesting: _____

G.10. Attach a copy of your most recent water/sewer utility statement.

ELECTRIC ASSISTANCE REQUESTED

G.11. Are you requesting electric utility assistance?

- Yes
- No

If yes, complete G.12.-G.15. If no, skip to question H.1.

G.12. Electric Company

G.3. Electric Account Number

G.4.a. Total \$ amount of Water/Sewer assistance requesting: \$ _____

G.4.b. Total # months of Water/Sewer assistance requesting: _____

G.15. Attach a copy of your most recent electric utility statement.

GARBAGE/DISPOSAL ASSISTANCE REQUESTED

G.11. Are you requesting garbage/disposal utility assistance?

- Yes
- No

If yes, complete G.12.-G.15. If no, skip to question H.1.

G.12. Garbage Company Name

G.3. Garbage Account Number

G.4.a. Total \$ amount of Garbage/Disposal assistance requesting: \$ _____

G.4.b. Total # months of Garbage/Disposal assistance requesting: _____

G.15. Attach a copy of your most recent garbage utility statement.

H. Prior Assistance Received

H. Prior Assistance Received

Assistance provided under the Emergency Rental Assistance Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs. List all other sources of rent or utility assistance received from local governments, the State, Owner Preservation Program, non-profit organizations, faith-based organizations, or friends and family.

PRIOR HOUSING ASSISTANCE RECEIVED

H.1. Has anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) FOR THE MONTHS YOU ARE APPLYING TO ERA FOR?

- Yes
 No

If yes, proceed with this section. If no, proceed to the next section, I.1.

H.2. List the housing assistance that you have already received each month, where applicable. List all of the sources of financial and/or housing assistance (the name of the local, state, federal or private organization) **FOR ONLY THE MONTHS YOU ARE APPLYING TO ERA.**

March 2020 \$ _____ Source:	April 2020 \$ _____ Source:	May 2020 \$ _____ Source:	June 2020 \$ _____ Source:	July 2020 \$ _____ Source:
August 2020 \$ _____ Source:	September 2020 \$ _____ Source:	October 2020 \$ _____ Source:	November 2020 \$ _____ Source:	December 2020 \$ _____ Source:
January 2021 \$ _____ Source:	February 2021 \$ _____ Source:	March 2021 \$ _____ Source:	April 2021 \$ _____ Source:	May 2021 \$ _____ Source:

H.3. Attach all copies of award letter/checks for Housing Assistance you received

I. Required Documents

I. Required Documents

Please provide the following documentation with your application.

Documentation

- Valid Photo ID for all adult household members (18 years of age or older)
- Income Documentation for all adult household members
- COVID-19 Loss of income documentation such as letter from employer, description of loss of self-employment income, letter showing reduction in hours
- Copy of Lease Agreement (if applicable and must be current, contain Landlord information, and fully executed)
- Notice of past due rent or Eviction Notice (if applicable)
- Most recent utility bill(s) if requesting assistance
- Copies of award letter/checks for Housing Assistance you previously received (If applicable)

Submit

- The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Horry County Emergency Rental Assistance Program.
- I understand that 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both. I/we further understand that any willful misstatement of information will be grounds for disqualification. I further understand that any willful misstatement of information will be grounds for disqualification from the Horry County Emergency Rental Assistance Program.
- I certify that the application information provided is true and complete to the best of my/our knowledge.
- I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- I give permission to Horry County, Eastern Carolina Housing Organization, and Civitas LLC (collectively, the "Recipients") to obtain from third parties certain personal information, and other information about myself and my household for the purpose of determining eligibility for, and the appropriate level of assistance for, the Horry County Emergency Rental Assistance Program, including the completion of an application for the Horry County Emergency Rental Assistance Program (the "Purpose"). I hereby authorize the release of such information to Recipients by my current and former employers, current and former landlords, and other public or private agencies, provided the information is reasonably necessary to accomplish the Purpose.
- I acknowledge Personally Identifiable Information is required to be collected for direct provision of services by Recipients and shared with the US Department of Treasury to satisfy certain reporting requirements. My information will not be otherwise disclosed or released outside of these agencies, except as permitted or required by law. I understand that I may opt-out of this requirement by a request to opt-out delivered to the opt-out email address below:

horrycountyerap@echousing.org

Horry County, Eastern Carolina Housing Organization, and Civitas LLC maintain physical, electronic and procedural safeguards that comply with federal regulations to guard nonpublic personal information. Access to information is restricted to only to those staff who need to know and who provide services through the Horry County Emergency Rental Assistance Program.

Signature

Date