

Delaware Housing Assistance Program (DE HAP)

TENANT APPLICATION FORM

DE HAP rental assistance is limited to income eligible households whose current annual income does not exceed 80% percent of the area median income for their household size, as determined by the Department of Housing and Urban Development (HUD). Assistance is limited to Delaware residents who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic. **The purpose of this form is to collect and verify information about the household's income and must be submitted via the DE HAP application portal as part of the DE HAP application.**

Maximum Income Eligibility for the DEHAP Program						
80% Area Median Income (AMI)						
County	1 person	2 person	3 person	4 person	5 person	6 person
Sussex	\$42,500	\$48,600	\$54,650	\$60,700	\$65,600	\$70,450
New Castle	\$54,150	\$61,850	\$69,600	\$77,300	\$83,500	\$89,700
Kent	\$38,300	\$43,800	\$49,250	\$54,700	\$59,100	\$63,500

PART I: HOUSEHOLD INFORMATION

Enter legal address (where the applicant currently lives) and contact information below.

	Legal Address	Mailing Address (if different from legal)
Street, Apt./Unit #		
State, City, Zip Code		
Phone Number(s)		
Email(s)		

Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

Household Member #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Birth Date (mm/dd/yyyy)	Student (Part/Full-time, Neither)	Disabled (Y/N)
1		Head of Household			
2					
3					
4					
5					
6					

PART II: Income

Estimate annual household income as of March 1, 2020 (pre-COVID-19) and current (after COVID-19-related impact).

INCLUDE: Unemployment Benefits, Wages, Bonuses, Self-Employment Income (Include income from contractors such as Uber, Lyft, etc.), Social Security, Veterans Administration Benefits, Alimony or Child Support, Retirement/Pension/Annuity Income, Welfare Assistance Payments (such as TANF).

DO NOT INCLUDE: IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

Pre-March 1, 2020 Annual Household Income: \$ _____

Current or Post-COVID (REDUCED) Annual Household Income: \$ _____

NOTE: Documentation of COVID-19 Related Impact on employment and/or income must be provided.

Examples of acceptable documentation include:

- 1) Notice of layoff, furlough, or reduced work hours from employer;
- 2) Employer Verification Form – must be signed by employer and indicate COVID-19 related impact. Forms signed by the tenant are not acceptable;
- 3) Self-Employment Verification Form – applicable only if tenant is self-employed.
- 4) Documentation of receipt of Unemployment Benefits, such as Statement of Monetary Determination, evidence of deposits (must include tenant name or identifying information);
- 5) Pre- and post-COVID pay stubs showing reduced hours.

As there are many different circumstances, other documentation may be acceptable. Please email dehap@destatehousing.com with questions about acceptable documentation.

Items needed for a complete application:

- This completed Tenant Application Form (all four pages, signatures on pages 3 and 4)
- Documentation of COVID-19 related impact on employment and income
- Photo ID for head of household
- Signed lease reflecting current rent due
- W-9 completed and signed by the landlord

These should be uploaded to the DEHAP Application Portal by the landlord. Applications missing any of these items will be reopened for corrections.

PART III: APPLICANT/TENANT CERTIFICATION

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the Delaware State Housing Authority to document my/our household income.

The information I/we have provided on this application for purposes of obtaining housing assistance funds through the Program is true and correct, to the best of my/our knowledge, and is not submitted for any fraudulent, improper, illegal purposes, or for any purpose other than for my/our acceptance in the Program. By signing this form, you also agree that a representative from Delaware State Housing Authority (DSHA) may contact you regarding any questions or need for further information.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Authorization of Release of Information

By signing this Release of Information, I hereby consent to Property Owner or Manager listed below sharing the forms and information I have provided with the Delaware State Housing Authority (DSHA) for the purposes of applying for rental assistance through the Delaware Housing Assistance Program (DE HAP) and to DSHA sharing this information for the purpose of application and eligibility verification. I consent to and hold harmless Delaware State Housing Authority for any use of my information in furtherance of this purpose. This includes:

- 1) Photo ID for each adult member of my household
- 2) Employment Verification
 - a. Documentation of COVID-19-related impact on my employment or income
 - b. Self-Employment Verification Form (if applicable)
 - c. Employer Verification Form (if applicable)
- 3) Income Verification
 - a. This tenant application form
 - b. Supporting documents as required by the program (bank statements, pay stubs, or other documents I have provided to the property owner or manager for this purpose)

This information will be used for the purposes of determining eligibility for the Delaware Housing Assistance Program, which, if I am eligible, will make payment towards my rent directly to the property owner or manager on my behalf.

I understand that:

- Signing this release form does not guarantee that I will receive rental assistance.
- If I do not sign this form, the property owner or manager may not provide this information for purposes of applying for rental assistance on my behalf. The application cannot be reviewed or processed without this information.
- This authorization shall remain in effect from the date of my signature below.
- I may revoke this authorization at any time by providing 7 days’ notice to Delaware State Housing Authority at 18 The Green, Dover, DE 19901, ATTN: DE HAP. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before 7 days after DSHA’s receipt of the written revocation.

Property Owner/Manager Printed Name: _____

Tenant Printed Name: _____

Tenant Signature
(electronic signature acceptable)

Date