





**Attachment F:**

**Chesterfield Emergency Rent and Utility Assistance Program (CERA) Household Eligibility Certification Form (1 of 2)**

Tenant Full Name: \_\_\_\_\_

**Overall Minimum Requirements**

In order to receive financial assistance through the Chesterfield Emergency Rent and Utility Assistance Program, households must meet the following minimum requirements:

- The tenant has a valid lease in their name.
  
- The household has experienced a loss of income due to the Coronavirus pandemic (Head of household must complete the self-certification of loss of income below).
  
- The household's total rent payment is at or below 150% Fair Market Rent.
  
- 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 Size (all adults/children): \_\_\_\_\_

80% of Area Median Income for Household Size: \$ \_\_\_\_\_

Total Household Annual Gross Income: \$ \_\_\_\_\_

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**Chesterfield Emergency Rent and Utility Assistance Program Household Eligibility Certification Form**  
**(2 of 2)**

To be completed by the head of household: Self-certification of loss of income.

Please describe your loss of income due to the Coronavirus pandemic including circumstance(s) resulting in loss of income. (Statement may be provided verbally and documented by staff completing form.)

I certify that the information I have provided in applying for CERA assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of subsidy or financial assistance for the same time period and cost type. (Consent may be given verbally)

(Optional) I further certify that the third party identified below has my consent to sign CERA documents on my behalf:

\_\_\_\_\_  
Print name of authorized representative

\_\_\_\_\_  
Authorized representative signature

\_\_\_\_\_  
Print name of Tenant

\_\_\_\_\_  
Tenant signature

Determination of eligibility completed by:

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Print name of staff person

\_\_\_\_\_  
Staff person signature

**Attachment G:**

Chesterfield Emergency Rent and Utility Assistance Program Landlord and Renter Household Agreement

This agreement details the rights and responsibilities of both parties under the Chesterfield Emergency Rent and Utility Assistance Program (CERA). I understand that CERA financial assistance will pay for up to 12 months of past due rent and utility payments, and three months of future rent, not exceeding a total of 15 months of rent and utilities assistance. Past due rent having occurred no earlier than April 1, 2020.

By signing below, I hereby accept payment of rent and agree not to evict the renter for non-payment of rent associated with any of the months for which the rent relief payment was made.

\_\_\_\_\_  
Landlord/PM Company Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Renter Name and Signature

\_\_\_\_\_  
Date

(Optional for tenants) I further certify that the third party identified below has my consent to sign CERA documents on my behalf:

\_\_\_\_\_  
Authorized Tenant Representative's Full Name

\_\_\_\_\_  
Date

***Tenants should seek legal counsel if landlord is in breach of this agreement.  
The Central Virginia Legal Aid Society's Eviction Diversion Program may be able to assist. It can be reached at <http://cvlas.org/how-to-apply-for-services/> or by calling 1-800-868-1012***



**ACTS**  
**Authorization to Contact**  
**Release of Information**  
**Permission to Follow-up**

**1. Authorization:**

I authorize ACTS to make inquiries and/or release information in connection with this intake interview to the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Yes: \_\_\_\_ No: \_\_\_\_

**2. Release of Information**

I understand and agree to have my emergency services/intake information related to bill payments and services through ACTS funds released to the following organizations:

1. Area Congregations Together in Service (ACTS)
2. Funders and those in active partnership with ACTS

Note: This release is on-going from the date signed. This release may be rescinded by the client in writing at any time; however, the withdrawal of permission to share information will not be retroactive.

Yes: \_\_\_\_ No: \_\_\_\_

**3. Follow-up Contact Permission Form**

I agree to receive follow-up contacts from an ACTS representative. The purpose of the follow-up contacts will be to determine whether or not ACTS emergency financial assistance addressed the crisis.

Yes: \_\_\_\_ No: \_\_\_\_

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

Name (printed): \_\_\_\_\_