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

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Tenant's Full Name: _____ Unique Identifier: _____

Property Name and Unit #: _____

Occupant Name	Age	Monthly Income
Total Household Monthly Gross Income* (Must attach supporting documentation as identified on page 4)	$	

Number of Individuals in Household	Ages 0-8	Ages 35-44
Number of Individuals in Household	Ages 0-8 Ages 35-44 Ages 9-17 Ages 45-54 Ages 18-24 Ages 55-64 Ages 25-34 Ages 65 & over **TOTAL**	
Household's Income AMI**	☐ At or Below 30% AMI ☐ 31-50% AMI ☐ 51-80% AMI ☐ Over Income	
Is Household at or below 80% AMI**?	☐ Yes ☐ 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

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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.

Tenant's Monthly Rent Amount	$
Number of Bedrooms in Rental Unit	
Tenant's Rent Amount is at/below 150% FMR	☐ Yes ☐ No
Amount of Past Due Rent Owed* (Enter the amount of past rent due for each month and indicate total amount in bottom right)	April　　　　September May　　　　October June　　　　November July　　　　December August　　　　**TOTAL**
Current Month's Amount of Rent Due*	$
TOTAL AMOUNT of Rent Needed and Requested from RMRP (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.

☐ Lease
　(specifically tenant's information, rent amount, and signatures)
☐ Tenant Ledger and Associated Fees
☐ Income verification
☐ Check stubs from employer
☐ Letter from employer

☐ Bank statement
☐ Unemployment insurance statement
☐ SSI/SSDI verification
☐ Child support/alimony verification
☐ Other: _____

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.

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Tenant's Full Name: _____ Unique Identifier: _____

Property Name and Unit #: _____

TENANT CERTIFICATION

I certify that the information I have provided in applying for RMRP assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of federal, state or local subsidy or financial assistance for rent during the same time period with the requested RMRP.

_____   _____   _____

Print name of Tenant   Tenant signature   Date

LANDLORD / AUTHORIZED AGENT CERTIFICATION AND SIGNATURE

I certify the information I have recorded in the application and all attachments is accurate and complete based on the information provided by the Tenant in applying for RMRP.

If this Application is completed by an Authorized Agent on behalf of Landlord, Authorized Agent hereby certifies that it is duly authorized to act on behalf of Landlord as its agent with respect to this Application, including, but not limited to, the Landlord Agreement set forth above.

The Landlord / Authorized Agent's agreement with the certifications, terms, and conditions set forth herein is evidenced by the following signature.

Determination of eligibility completed by:

_____   _____   _____

Print name of Landlord / Authorized Agent   Landlord / Authorized Agent Signature   Date