

Submit completed application with supporting documents to your local HARA. A list by county can be found online at

https://www.michigan.gov/documents/mshda/CERA_Contact_List_717582_7.pdf

Please:

Print clearly.

Do NOT include original documents (send photocopies).

Avoid Processing Delays:

Applications must:

- Be complete, signed and dated.
- Include all supporting documents as listed in the attached checklist.
- Be submitted to your local HARA.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

The COVID Emergency Rental Assistance (CERA) program is designed to keep Michigan residents who fell behind on their rent and/or utilities during COVID-19 in their homes. Some tenants may be eligible for up to three months of additional future rental assistance, subject to availability of funds.

This application is only for tenants who have received assistance from CERA once before. If you have never been assisted by CERA please complete the CERA Tenant Application for Initial Assistance.

You may be eligible for additional CERA assistance if you meet **all** the following conditions:

1. CERA paid rental assistance for you one time since March 2021.
2. CERA assistance received prior to this application did not meet the maximum allowable number of months of rental assistance.
3. Gross household income is below 80% area median income (AMI), for the area.
4. At risk of homelessness or housing instability.
5. Currently renting.

For more information on eligibility, please see the COVID Emergency Rental Assistance (CERA) program FAQ (online at <https://michigan.gov/cera>) or call your local Housing Assessment and Resource Agency (HARA). A list by county can be found online at https://www.michigan.gov/documents/mshda/CERA_Contact_List_717582_7.pdf

**Disclaimer: All applications submitted to MSHDA will be discarded.
All applications must be sent to your local HARA.**

COVID Emergency Rental Assistance (CERA) Tenant Application for Additional Assistance

1. Tenant Information

| | | |
|-------------------------------|---|------------------------|
| Full Name (Head of Household) | Date of Birth (mm/dd/yyyy) | Social Security Number |
| Phone Number | Contact name and number to leave messages | Email Address |

2. Household Information

Has anyone moved in or out of your home since your original CERA application? ☐ Yes ☐ No

Total number of people currently living in your home: _____

If someone moved out, please list their name(s). _____

Please list any new household members:

| | | |
|-----------|----------------------------|------------------------|
| Full Name | Date of Birth (mm/dd/yyyy) | Social Security Number |
| Full Name | Date of Birth (mm/dd/yyyy) | Social Security Number |

**Complete additional pages as needed to respond for all household members*

3. Household (Contract Unit) Address

| | | | |
|---|--|-------|----------|
| Address (number, street, and apt. or suite no.) | City | State | Zip Code |
| County | Current Monthly Rent (If subsidized—list only your tenant portion) | | |

4. Landlord Information

| | | |
|------|--------------|---------------|
| Name | Phone Number | Email Address |
|------|--------------|---------------|

5. At Risk of Homelessness and Months Requested

| | |
|---|---|
| <p>Are you at risk of homelessness or housing instability if you do not receive additional rental assistance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>The CERA program can pay up to 3 months' rent. Which months' rent do you need help with?</p> |
|---|---|

6. Household Income – Does your household have any income? ☐ No ☐ Yes → Total monthly household income \$ _____

Does your household receive benefits from the Food Assistance Program (FAP)? ☐ No ☐ Yes

Please check **all** sources of income that your household received in the last 30 days (one month). **ATTACH PROOF**

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security benefits | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Employment/earned income |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other, please list: _____ |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) | | |
| <input type="checkbox"/> Rental income or a land contract, mortgage, or other payment payable to a household member | | |

| Household Member Name* | Source of Income (include employer name, if applicable) | Rate of Pay or Payment Amount | Number of hours worked per week (if applicable) | Payment Basis (hourly, weekly, monthly, etc.) |
|------------------------|--|----------------------------------|---|---|
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COVID Emergency Rental Assistance (CERA) Tenant Application for Additional Assistance

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|--|--|--|--|
| | | | |
| | | | |

**Complete additional pages as needed to respond for all household members*

7. Tenant Certification

| | |
|----------|---|
| Initials | I understand that if I receive program funds directly because my landlord has opted-out of the program that I will pay the landlord or utility provider the program funds within five business days of receipt. |
|----------|---|

8. Tenant Signature

| | |
|---|------|
| I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances. I understand providing false statements or information is grounds for denial of program assistance and potential state or federal prosecution. I authorize MSHDA, and any of its authorized representatives to verify the information provided in this application is true and correct. I also understand that additional information might be required to move forward with this program and/or verify my eligibility for assistance. | |
| Tenant Signature | Date |

Before submitting this application for CERA Additional Assistance, please review the application to make sure it is filled out completely and signed. And include:

- ☐ Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18
- Household income/benefits (unemployment, SSI, etc.) for one month, OR
 - Food Assistance Program Notice of Case Action form (only applicable for households with 3 or less people)

MSHDA CERA Partner Use Only:

CERA Number:

Current Income Band:

Up to and including 50% AMI

51-80% AMI

Over 80% - Not Eligible

Initial Assistance – Which months were paid?:

Initial Assistance # Months Paid:

Additional Assistance # Months Eligible (maximum 3):

Initial Assistance + Additional Assistance = Total Number of Months (cannot exceed 13 or 15):

If initial assistance paid to tenant, LL verified payment received:

Received Not Received No Response

Notify landlord that tenant has applied for additional assistance. Confirm with landlord that business address has not changed.