

TENANT ERAP APPLICATION WORK-FLOW

COMPASS HOMEPAGE – GET STARTED



Renew Your Benefits

Log in to your My COMPASS Account to renew your benefits. If you do not have a My COMPASS Account, click on the link below.

[Renew Now](#)



Finish Your Application

Log in to your My COMPASS Account to finish an application you stopped and saved. If you do not have a My COMPASS Account, click on the link below.

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Use LIHEAP Registration Number

Log in to your My COMPASS Account to submit a LIHEAP application with your registration number. If you do not have a My COMPASS Account, click on the link below.

[Get Started](#)



Emergency Rental Assistance Program

Start your application.

[Get Started](#)



WELCOME PAGE – CHOOSE TENANT COUNTY

Thank you for choosing to use COMPASS

Privacy & Use Of Your Information

We will keep your information private as required by law. Everything you enter in this application will be kept confidential and will be used to administer benefits only. We will use the information provided by you to check your eligibility for benefits only.

Emergency Rental Assistance Program Highlights

The Emergency Rental Assistance Program (ERAP) provides assistance to households that have experienced financial hardship and may be at risk of homelessness due to Covid-19. ERAP provides tenant households assistance with rental and utility costs to include arrearages and other related housing expenses.

System Requirement(s)

Pop-up Blocker

Action(s) Recommended

Turn off Pop-up blocker [Learn More \(Google Chrome\)](#)

Turn off Pop-up blocker [Learn More \(Internet Explorer\)](#)

Please go to the [DHS](#) website to access the paper application.

PLEASE SELECT THE TENANT COUNTY OF RESIDENCE FROM THE DROP DOWN MENU BELOW *

03 - Armstrong



COUNTIES ACCEPTING COMPASS APPLICATIONS – WHAT TO EXPECT

Your county is receiving online COMPASS ERAP applications. Upon completion, this application will be forwarded to your County ERAP Office. Your County ERAP Office may need additional verification and will contact you.

Before you begin: Things you should know

Unfinished applications will not be saved. If you exit the application prior to completion, you will have to start from the beginning.

Be prepared: What information you will need to fill out the application

- Tenant head of household information – name, address, social security number, birthdate and contact information
- Annual or monthly household income information for all household members over age 18 (including income for Employment, Unemployment Compensation and other income sources)
- Rental expenses
- Utility expenses
- Landlord or property manager information
- Utility provider information

Documentation: To complete the eligibility determination

Items above will need to be provided to the county ERAP agency to establish eligibility. Verification of the identity and citizenship will also be necessary. Non-U.S. citizens must provide documentation showing lawful residence in the U.S. Your county ERAP agency will work with you to obtain the verifications needed.

Application Confirmation Number:

You will get an **application confirmation number** and will be able to download and print your application upon completion of the application process.

Continue

SECTION 1 TENANT INFORMATION

Tenant Information

Application for Emergency Rental Assistance

Who's applying? *

☒ Tenant ☐ Landlord (on behalf of the tenant)

Tenant Information

Last Name *

Tenant

First Name *

Jane

SSN#

Address *

2437 N 7th St

City *

Freeport

Zip *

15630

County *

03 - Armstrong

Phone

Email Address (if available)

tenant@gmail.com

Date

03/09/2021

Citizenship:

US Citizen

Household: Number of Adults *

1

Household: Number of Children under 18 *

3



Has anyone in your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income or had increased household costs? *

☒ Yes ☐ No

If Yes, was this financial hardship due, directly or indirectly, to COVID-19? *

☒ Yes ☐ No

Is anyone in your household at risk of homelessness or housing instability? *

☒ Yes ☐ No

Has anyone in the household received federally funded rental assistance in the past 12 months? *

☐ Yes ☒ No

Are you a veteran?

☐ Yes ☒ No

Has anyone been a victim of domestic violence?

☐ Yes ☒ No

Ethnicity:

☐ Hispanic ☒ Non-Hispanic

Gender:

☒ Male ☐ Female

Race (check all that apply)

☐ Black or African American

☐ Native Alaskan or American Indian

☐ Asian

☐ White or Caucasian

☐ Other

☐ Native Hawaiian or Pacific Islander

☒ Unknown

Continue

LANDLORD AND PROPERTY MANAGER INFORMATION

Landlord or Property Manager Information

Property Management Company (if applicable)

Last Name *

First Name *

Tax ID# or SSN#

Address *

City *

Zip *

 X

Phone

Email Address (if available)

Continue

TENANT UTILITY INFORMATION

Tenant Utility Information

Company Name	Address (Street City Zip)	Phone	Account #
UGI			1234567
PPL			5555555
Suez			123987
Penn Waste			0000013579

Continue

TENANT HOUSEHOLD INCOME

Tenant Household Income





Please tell us about the income of any individual in your household who is 18 or over.

Does anyone in your household have any income? *

☒ Yes ☐ No


If yes, check all that apply, and list the income you have already received. *

- | | | |
|---|--|---|
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Guardian Fees | <input type="checkbox"/> Self-Employment |
| <input type="checkbox"/> Veteran Benefit | <input type="checkbox"/> Money Earned from Babysitting | <input type="checkbox"/> Sick Benefits |
| <input type="checkbox"/> Wages from Employment | <input type="checkbox"/> Money for Training | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Money Paid to You for Loans | <input type="checkbox"/> Money Paid to You for Rent |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Other | <input type="checkbox"/> Support |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Money Paid to You for Room or Board | <input checked="" type="checkbox"/> Unemployment |
| <input type="checkbox"/> Gambling/Lottery | <input type="checkbox"/> Pensions | <input type="checkbox"/> Union Pay |

Name of Person with Income	Type/ Source of Income/ Name of Employer	Income/Pay: How Much?	How Often Paid	Date of most recent payment
Jane	PUA	900	Every Two Weeks ▼	03/02/2021 
			--Please Select-- ▼	mm/dd/yyyy 
			--Please Select-- ▼	mm/dd/yyyy 
			--Please Select-- ▼	mm/dd/yyyy 

TENANT HOUSEHOLD EXPENSES

Tenant Household Expenses

Rent	Monthly \$	<input type="text" value="1000"/>	Arrears \$	<input type="text" value="6000"/>
Electric	Monthly \$	<input type="text" value="100"/>	Arrears \$	<input type="text" value="800"/>
Gas	Monthly \$	<input type="text" value="75"/>	Arrears \$	<input type="text" value="325"/>
Oil	Monthly \$	<input type="text"/>	Arrears \$	<input type="text"/>
Propane	Monthly \$	<input type="text"/>	Arrears \$	<input type="text"/>
Coal/Wood/Other	Monthly \$	<input type="text"/>	Arrears \$	<input type="text"/>
Trash	Monthly \$	<input type="text" value="79"/>	Arrears \$	<input type="text" value="155"/>
Water/Sewer	Monthly \$	<input type="text" value="35"/>	Arrears \$	<input type="text" value="145"/> 

Notes:



RIGHTS AND RESPONSIBILITIES

- Right to non-discrimination
- Right of confidentiality
- Responsibility to provide information
- Privacy act
- Right to appeal

ATTESTATION/CERTIFICATION

Attestation/Certification

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefits. I understand that I may be required to work with other agencies as a condition of my approval for assistance. I agree to provide upon request any additional documentation required (i.e. pay stub, lease, recent bills, proof of unemployment, etc.) to aid in determining eligibility.

Name Printed-Tenant *

JaneTenant

Date *

03/09/2021

Authorization for Release of Information (Tenant only)

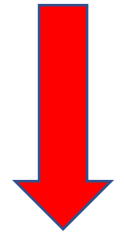
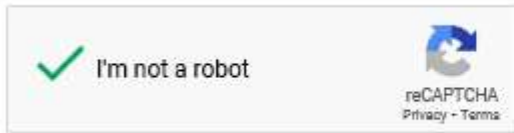
I hereby authorize and request the disclosure to the county office any information concerning the age, residence, citizenship, employment, income, and any additional information involving eligibility for the rental and utility assistance programs for myself. It is understood that the information obtained will only be used for determination of rental/utility assistance or other housing assistance programs.

Name Printed-Tenant *

JaneTenant

Date *

03/09/2021



SUBMIT

CONFIRMATION/APPLICATION #/VERIFICATIONS

Thank you for choosing to use COMPASS.



Your application has been successfully submitted.

Your Emergency Rental Assistance Program application number is [H299999998831](#)



Please record your application number as confirmation of your application.

Verification Documents – In order to complete your application, you will be asked to verify certain information on the application. You may be asked to provide a copy of the following documents to your County ERAP Office if needed:

ASSISTANCE REQUESTED	REQUESTED DOCUMENTS	SEND DOCUMENTS
FOR ALL PROGRAMS	<p>Identity: Driver's license, government issued ID, or other verification of identity</p> <p>Non-citizen status: unexpired USCIS card or documents</p>	<p>705 Butler Road Kittanning, PA 16201 Fax: 724-548-3413  Toll Free Phone Number: 1-800-405-6252  susanc@armstrongcap.com</p>
RENTAL ASSISTANCE	<p>Annual or monthly household information for all household members over age 18 (including income for Employment, Unemployment Compensation, and other income sources)</p> <p>Rental expenses – a copy of your lease or statement from your landlord verifying the amount of monthly rent and back rent owed</p> <p>Eviction notice if available (not required)</p> <p>Landlord or property manager information</p>	
UTILITY ASSISTANCE	<p>Annual or monthly household income information for all household members over age 18 (including income for Employment, Unemployment Compensation, and other income sources)</p> <p>Utility provider information</p> <p>Current utility bill or shut off notice that reflects any amount owed</p>	