



## EVICTON PREVENTION PROGRAM AVAILABLE!

Are you facing eviction due to past-due rent?

The **Eviction Prevention Program** is here to help eligible tenants and landlords resolve eviction cases filed in the **Berks County court system**.

### Program Benefits

#### ☒ Tenants

- Receive **up to 6 months of rent arrears** assistance
- Additional **3 months of rent forward** available upon completing program guidelines
- Assistance with **court costs**
- Connection to **budgeting and job skill development resources**

#### ☒ Landlords

- Recover unpaid rent
- Avoid court fees and legal expenses
- Receive **direct rent payments** from the program
- Reduce vacancy and turnover

### How to Apply

- ☒ Tenants and landlords can refer or apply directly
- ☒ Applications are reviewed on **first come, first-serve basis**. Priority will be given to high-risk groups.
- ☒ Funds are **paid directly to landlords**.
- ☒ Written applications available at **400 E. Wyomissing Avenue Suite 200 Mohnton, PA 19540**. **No completed application packets will be accepted in the office.**
- ☒ **All completed applications and supporting documents must be returned via email directly to [mmartinez@berksredevelop.org](mailto:mmartinez@berksredevelop.org)**

## Berks County Nonprofit Development Corporation

### Eligibility Requirements

- ☒ Berks County resident.
- ☒ Must provide a valid Pennsylvania identification
- ☒ Must have an eviction notice filed in Berks County magistrate court.
- ☒ Eviction must be issued for past due rent arrears.
- ☒ Must meet income eligibility guidelines of Household up to 50% AMI (Area Median Income)
- ☒ Must have a lease agreement

Persons in the Household	Up to 50% AMI limits for Berks County area
1	\$34,950/yearly
2	\$39,950/yearly
3	\$44,950/yearly
4	\$49,900/yearly
5	\$53,900/yearly
6	\$57,900/yearly
7	\$61,900/yearly
8	\$65,900/yearly

## Eviction Prevention Program Application

Please provide the following information. The Tenant/Applicant must be on the lease agreement.

(Please Print legibly)

### Applicant Information

1. Applicant First Name: \_\_\_\_\_

Applicant Middle Name: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

2. Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_PA\_\_ Zip code: \_\_\_\_\_

3. Day Time Telephone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

4. Email address: \_\_\_\_\_

### Demographic Information

Race: (Please Check One)

☐ Native Hawaiian or Pacific Islander

☐ Native American

☐ White

☐ Asian

☐ Black or African American

☐ Refuse to Answer

Ethnicity: (Please Check One)

☐ Hispanic

☐ Non-Hispanic

☐ Refuse to Answer

Gender: (Please Check One)

☐ Male

☐ Female

☐ Transgender (male to female)

☐ Transgender (female to male)

☐ Other

☐ Refuse to Answer

### Employment Information

Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Income Information

Do you currently have income from any source? (Please check one) ☐ YES ☐ NO

Have you been approved for unemployment compensation benefits (since June 2024 to the present)? (Please check one) ☐ YES ☐ NO

If yes, and if you are still receiving, how much is your weekly Pennsylvania benefit amount?  
\$ \_\_\_\_\_

Do you receive any of the following: (Please check all that apply)

☐ Social Security Income 2025 Amount per month \$ \_\_\_\_\_

☐ Social Security Disability Income 2025 Amount per month \$ \_\_\_\_\_

☐ Retirement/Pension Amount 2025 per month \$ \_\_\_\_\_

Are you currently receiving any work/employee payments? (e.g., Uber, DoorDash, Instacart, hospitality, salon, etc.) ☐ YES ☐ NO

If yes, approximately how much per week? \$ \_\_\_\_\_

**Additional Adult Household Member Information**

(For individuals over the age of 18 as of the date of the application)

First Name:

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Middle Name:

---

Last Name:

---

Date of Birth: Day\_\_\_\_\_ Month\_\_\_\_\_ Year\_\_\_\_\_

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If currently employed, please fill out:

Employer:

---

Start Date:

---

Work Phone Number:

---

Employer Address:

---

City, State, Zip:

---

**Income Information:**

Do you currently have income from any source? (Check one) ☐ YES ☐ NO

---

Have you been approved for unemployment compensation benefits (since June 2024 to the present)? (Check one) ☐ YES ☐ NO

---

If yes, what is your weekly Pennsylvania benefit amount? \$\_\_\_\_\_

\_\_\_\_\_

Do you receive any of the following? (Check all that apply and enter monthly amount):

☐ Social Security Income 2025 Amount per month: \$\_\_\_\_\_

\_\_\_\_\_

☐ Social Security Disability Income 2025 Amount per month: \$\_\_\_\_\_

\_\_\_\_\_

☐ Retirement/Pension 2025 Amount per month: \$\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving any work/employee payments? (e.g., Uber, DoorDash, Instacart, hospitality, salon, etc.) (Check one) ☐ YES ☐ NO

\_\_\_\_\_

If yes, approximately how much per week? \$\_\_\_\_\_

\_\_\_\_\_

**Demographic Information:**

**Race: (Check One)**

☐ Native Hawaiian or Pacific Islander

☐ Native American

☐ White

☐ Black or African American

☐ Asian

☐ Refuse to Answer

**Ethnicity: (Check One)**

☐ Hispanic

☐ Non-Hispanic

☐ Refuse to Answer

**Gender: (Check One)**

☐ Male

☐ Female

☐ Transgender (male to female)

☐ Transgender (female to male)

☐ Other

☐ Refuse to Answer

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Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

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Work Phone Number:

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Employer Address:

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City, State, Zip:

\_\_\_\_\_

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Do you currently have income from any source? (Check one) ☐ YES ☐ NO

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Have you been approved for unemployment compensation benefits (since June 2024 to the present)? (Check one) ☐ YES ☐ NO

\_\_\_\_\_

If yes, what is your weekly Pennsylvania benefit amount? \$\_\_\_\_\_

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\_\_\_\_\_

☐ Social Security Disability Income 2025 Amount per month: \$\_\_\_\_\_

\_\_\_\_\_

☐ Retirement/Pension 2025 Amount per month: \$\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving any work/employee payments? (e.g., Uber, DoorDash, Instacart, hospitality, salon, etc.) (Check one) ☐ YES ☐ NO

\_\_\_\_\_

If yes, approximately how much per week? \$\_\_\_\_\_

\_\_\_\_\_

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**Race: (Check One)**

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☐ Black or African American

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☐ Non-Hispanic

☐ Refuse to Answer

**Gender: (Check One)**

☐ Male

☐ Female

☐ Transgender (male to female)

☐ Transgender (female to male)

☐ Other

☐ Refuse to Answer

**Additional Adult Household Member Information**

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If currently employed, please fill out:

Employer:

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Start Date:

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Work Phone Number:

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Employer Address:

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City, State, Zip:

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**Income Information:**

Do you currently have income from any source? (Check one) ☐ YES ☐ NO

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If yes, what is your weekly Pennsylvania benefit amount? \$\_\_\_\_\_

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☐ Social Security Disability Income 2025 Amount per month: \$\_\_\_\_\_

---

☐ Retirement/Pension 2025 Amount per month: \$\_\_\_\_\_

---

Are you currently receiving any work/employee payments? (e.g., Uber, DoorDash, Instacart, hospitality, salon, etc.) (Check one) ☐ YES ☐ NO

\_\_\_\_\_  
If yes, approximately how much per week? \$ \_\_\_\_\_  
\_\_\_\_\_

**Demographic Information:**

**Race: (Check One)**

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**Gender: (Check One)**

- ☐ Male
- ☐ Female
- ☐ Transgender (male to female)
- ☐ Transgender (female to male)
- ☐ Other
- ☐ Refuse to Answer

## Assistance Request

### Eviction Status

Has your household received an eviction notice from the local magistrate district court?

☐ YES ☐ NO

If yes, you must provide the eviction notice with the final submission of the application.

Have you received a notice of an eviction hearing from a district magistrate? ☐ YES ☐ NO

If yes, Name of District Magistrate Court: \_\_\_\_\_

### Rent Arrears

Fill out the rent balance due for each month. Applicants can apply for up to a total of 6 months' arrears.

January 2025: \$\_\_\_\_\_

February 2025: \$\_\_\_\_\_

March 2025: \$\_\_\_\_\_

April 2025: \$\_\_\_\_\_

May 2025: \$\_\_\_\_\_

June 2025: \$\_\_\_\_\_

July 2025: \$\_\_\_\_\_

August 2025: \$\_\_\_\_\_

September 2025: \$\_\_\_\_\_

### Landlord Information

Landlord Name as appears on the lease: \_\_\_\_\_

Landlord Phone number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

**Utility Assistance Requested**

Utility assistance is considered following arrears payment, 3-months' rent forward, and a remaining balance in budget exists.

Payments will be made for past due utility balance only.

List all utilities that you as the tenant are financially responsible for (only include bills that are in the name of a household member).

Water Company Name: \_\_\_\_\_

Gas/Propane Company Name: \_\_\_\_\_

Electric Company Name: \_\_\_\_\_

Trash Company Name: \_\_\_\_\_

Sewer Company Name: \_\_\_\_\_

If you are requesting utility assistance, you must provide the most recent bill(s).

### **Certification Statement**

I (we) certify that the above information is true and correct to the best of my (our) knowledge and belief. I (we) hereby authorize the Redevelopment Authority to obtain verification of any and all information contained on this form.

### **WARNING: PENALTY FOR FALSE OR FRAUDULENT STATEMENTS**

Any false, fictitious, or fraudulent statements or representations made knowingly or willfully may subject the signer to penalties under Section 1001 of Title 18 of the United States Code.

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

Print Name: \_\_\_\_\_

### **Required Documents**

☐ Government issued Photo ID

☐ Receipt of eviction summons from local district magistrate

☐ Current Lease agreement

☐ Verification of income for all adult household members 18 years or older; not in high school

☐ - Employed: Last 4 weeks of consecutive paystubs

☐ - Unemployed: Verification from Unemployment approval letter, Social Security Administration letter, recent bank statement indicating deposit

☐ - No income: Each individual 18 years or older will need to complete Self-Attestation of Income form

☐ Utility Bills: Most recent bill that shows current usage and past due balance amount AND Shut-Off Notice (If Applicable)

# Berks County Nonprofit Development Corporation

## Eviction Prevention Program

Written Applications located at 400 E. Wyomissing Avenue,  
Ground Floor Suite #2 Mohnton PA 19540

**\*\*All completed applications and supporting documents  
must be returned via email only to [mmartinez@berksredevelop.org](mailto:mmartinez@berksredevelop.org)**

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**Eviction assistance is available for tenants facing an eviction.**

### **Supporting Documents Needed:**

- ✓ Tenants must provide a valid Pennsylvania Identification.
- ✓ Proof of an eviction notice issued by a Berks County Magistrate court. Eviction must be issued for past due rent arrears.
- ✓ Income Verification for all adults in household(18+ and not full-time high school students). Tenants with no income must complete Self-Attestation of Income form included in packet.
- ✓ Proof of the current lease agreement. Applicant must be listed on lease agreement.



## **Proof of income (Age 18+; not a high school student)**

### **Documents needed:**

- Wages:
  - Weekly (4 paystubs)
  - Biweekly (4 paystubs)
- Benefits
  - Award letter (TANF/Unemployment/Military Compensation/Workers Compensation)
  - Annual letter (SSI/SSDI)
  - Court order (Child support/Alimony)

### **A. Wages and salaries**

- a. Alimony
- b. Child Support
- c. Government employee pensions
- d. Periodic receipts from estates or trusts
- e. Private pensions, regular insurance, or annuity payments
- f. Profit from self-employment
- g. Railroad retirement
- h. Rental and royalty's income after business expense deductions including expenses to secure the income
- i. Strike benefits from union funds
- j. Training stipends
- k. Workers' compensation

### **B. Government benefits**

- a. Social Security (SSDI)
- b. SSI for both adults and children
- c. TANF
- d. Veterans' payments
- e. Unemployment compensation
- f. Military compensation