ARKANSAS RENT RELIEF PROGRAM

DHS

ARKANSAS RENT RELIEF PROGRAM
TENANT APPLICATION USER GUIDE

MAIN WEBSITE

AR.GOV/RENTRELIEF

CONTACT CENTER:

1-855-RENTARK

THINGS TO KNOW WHEN APPLYING ONLINE

INTERNET CONNECTIVITY

Please ensure that you have a **stable internet connection** that will allow you to complete the application with minimal interruptions. For an optimal browsing experience, we suggest that you use the latest public release of any one of the following web browsers:

- Google Chrome
- Mozilla Firefox
- Microsoft Edge
- Apple Safari

Internet Explorer is NOT supported

PLEASE NOTE: The online application can be used on mobile devices and tablets. We recommend that you have all required supporting documentation loaded on your mobile or tablet device before you begin your application.

DOCUMENT UPLOAD

As part of the application, you will be required to upload supporting documentation. **Please ensure that these documents are saved and uploaded as .pdf, jpeg, .jpg, or .png.**

APPLICATION SIGNATURE

After completing the application, you will be asked to **read, acknowledge, and agree to eligibility and release statements** related to acceptance and use of federal funds. This can be done electronically.

APPLICATION DOWLOAD

Upon completion of your online application, you will be given the option to **save your completed application in PDF format.**

USER RESPONSIBILITY
As with all official State of Arkansas forms and documents, **you are responsible for the completeness and accuracy of all information that you provide during the application process. You are responsible for entering all required information. Failure to do so may result in your application being delayed or disapproved.**

TENANT ONLINE APPLICATION GUIDE

This document provides an overview of the Arkansas Rent Relief Program online application and the required steps for applicants to complete. Applicants should review this user guide in its entirety to confirm their program eligibility (see the "Prescreen" page of the application). It is best to prepare the required documentation before beginning the online application.

Supporting documentation for the Rent Relief application includes the following:

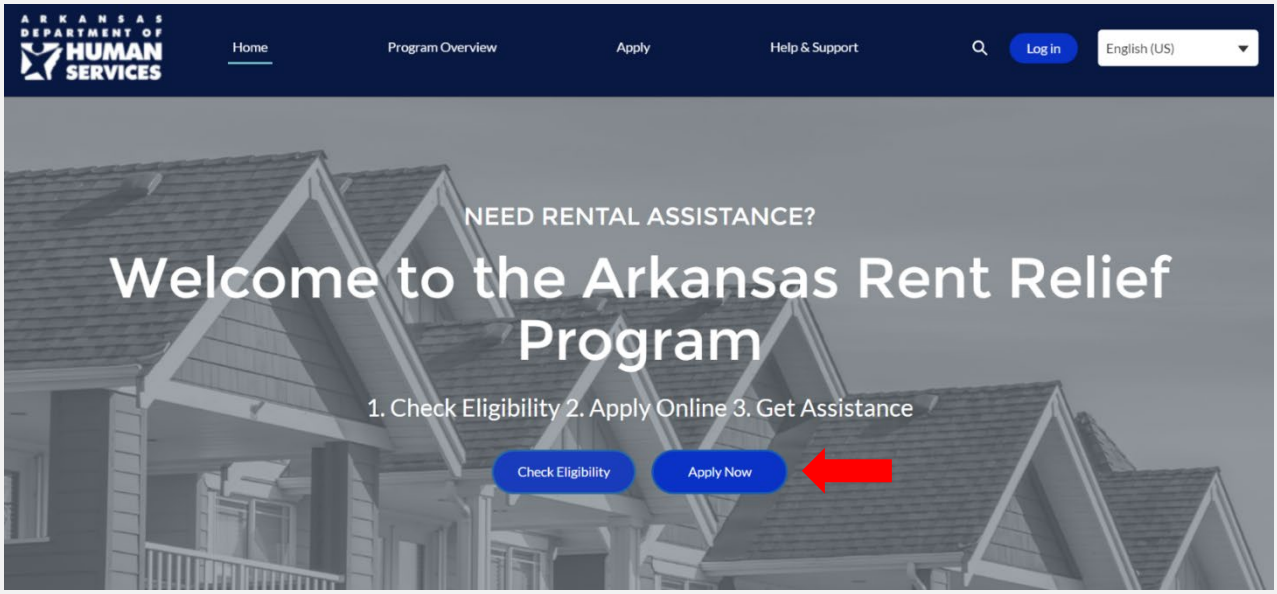
- ☐ Government Issued Photo Identification (e.g. Driver's License, Passport, Military ID, U.S. Permanent Resident Card, etc.)
- ☐ Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance
- ☐ Proof of Income for each household member who files income taxes (e.g. 2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months)
- ☐ Proof of COVID-19 impact on income (e.g. 2019 Pay Statements or 2019 W2 compared to 2020 Pay Statements or 2020 W-2)
- ☐ Unemployment benefit statement or Form 1099-G (if applicable)
- ☐ Eviction notice, notice of eviction court hearing or statement/letter of past-due rent (if applicable)
- ☐ Utility bill(s) for the amount you are requesting assistance (if applicable)

Please refer to the Arkansas Rent Relief FAQs and Tenant Required Documents for a complete list of required documentation.

HOMEPAGE

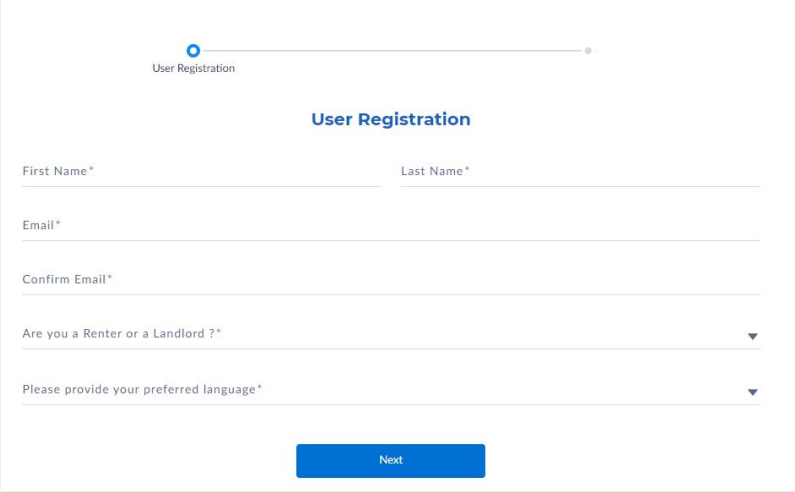
- ☐ Here you will have access to an overview of the Rent Relief program, the option to create a new application, the log in page for returning applicants, and access to help and support resources.

- ☐ Click **Apply Now** to create an account and begin the application process.



REGISTER NEW ACCOUNT (FIRST TIME LOGGING IN)

- ☐ Enter your first and last name, provide an **email address** to which a system-generated verification email will be sent, and indicate whether you are a renter or landlord.



VERIFY YOUR ACCOUNT

- ☐ A **verification link** will be sent to the email address provided.

Dear Applicant,

Thank you for your interest in the State of Arkansas Rent Relief Program. This email serves as confirmation that you have successfully created an account.

Username:

To change your password, please click here

or copy paste the below URL in your internet browser address bar.

Before you start, please read the resources and information about the Arkansas Rent Relief Program at AR.GOV/RENTRELIEF to understand the application and program eligibility requirements. Once your application is submitted you will not be able to edit your application. Please ensure you complete the application completely and accurately and confirm you have uploaded all documentation required. You will want to have on hand a copy of your lease or utility bills, a copy of your photo id, your landlord's contact information (phone and email), and any other documentation of your situation.

You will receive an email confirmation when your application is successfully submitted.

Resources and information about the Arkansas Rent Relief Program can be found at AR.GOV/RENTRELIEF

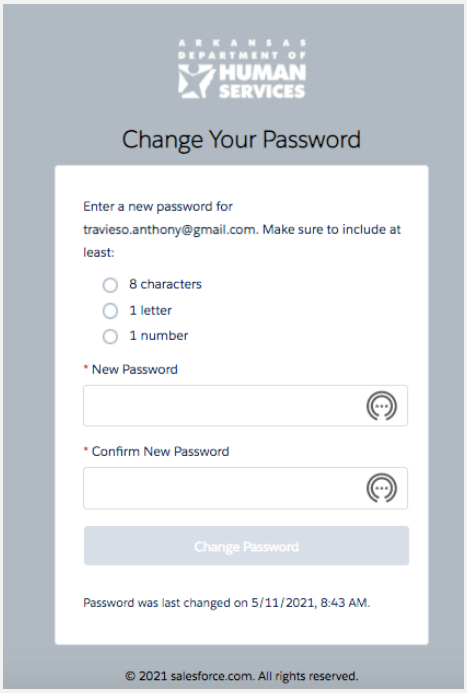
The Arkansas Rent Relief Call Center is available 7 a.m. – 7 p.m. Monday through Friday at 1-855-RENTARK (1-855-736-8275).

Sincerely,

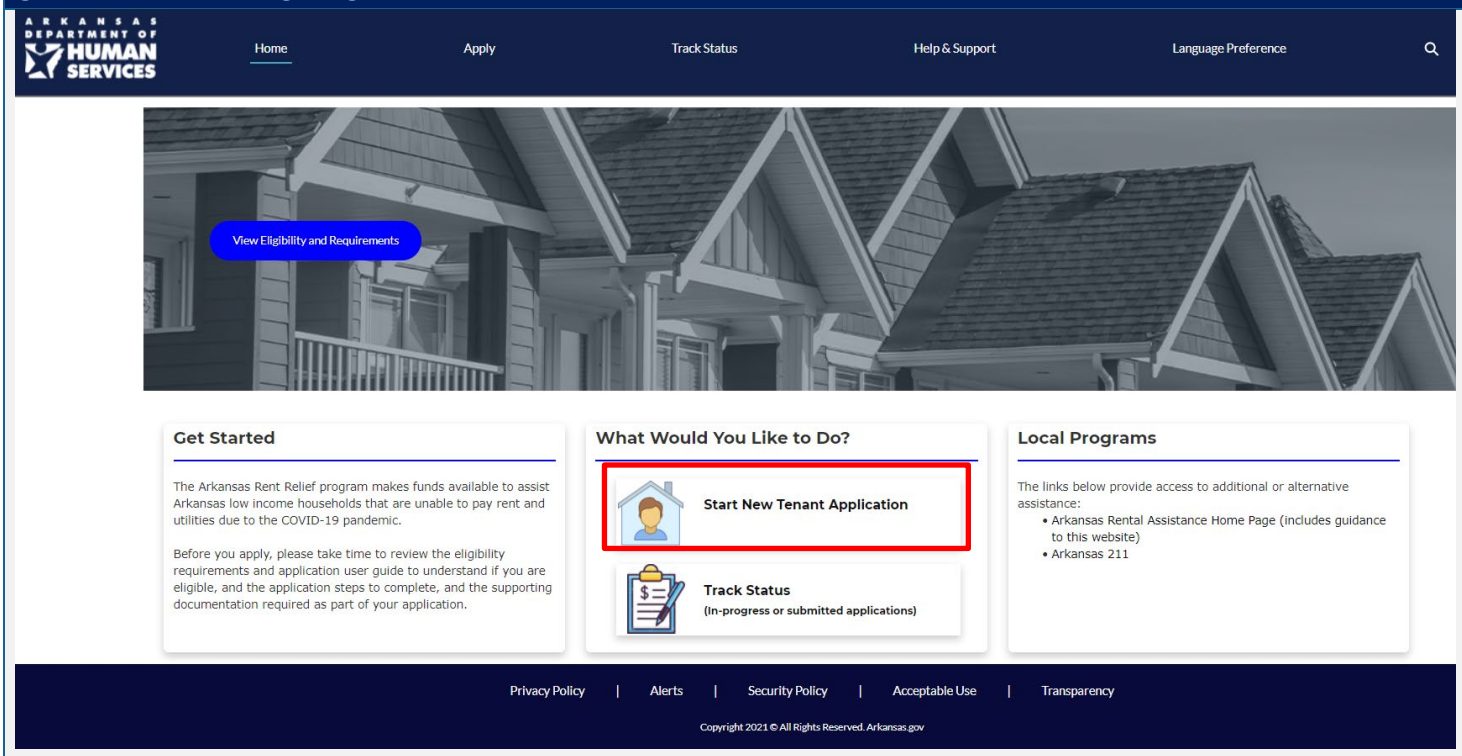
Arkansas Rent Relief Program Team

CREATE PASSWORD

- ☐ Click the link to **create a new password** to log in to your new account.



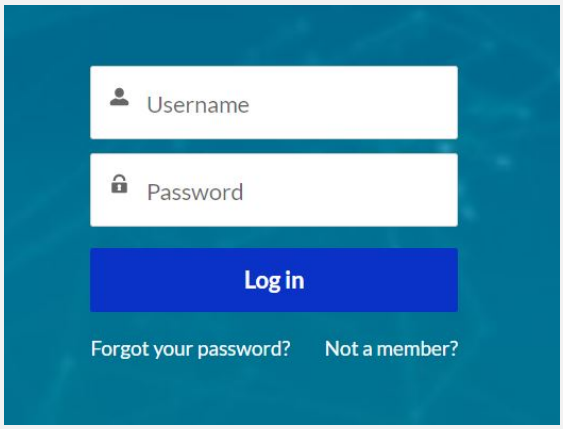
START NEW APPLICATION



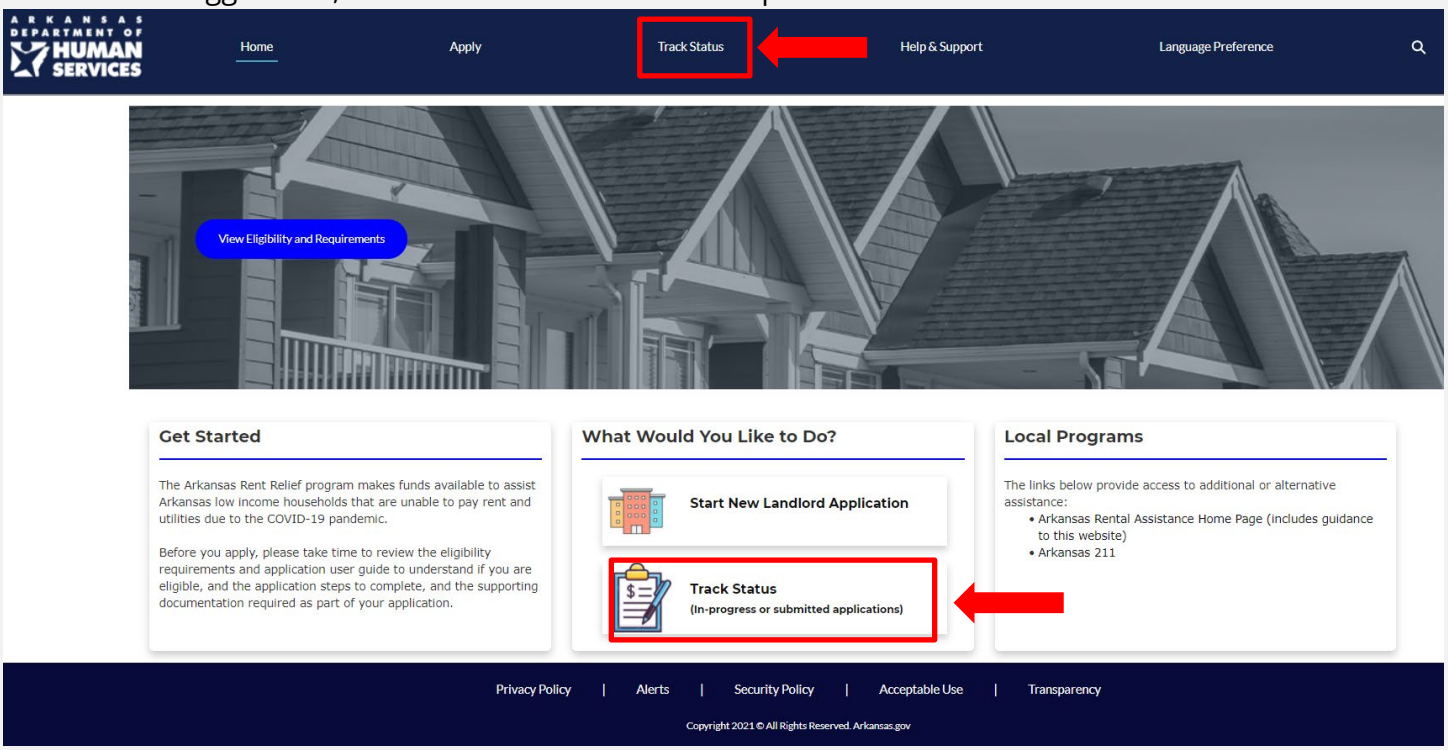
- ☐ After successfully logging in to your new account, begin a **new application** by clicking **Start New Tenant Application** on the homepage.

RETURN TO AN APPLICATION

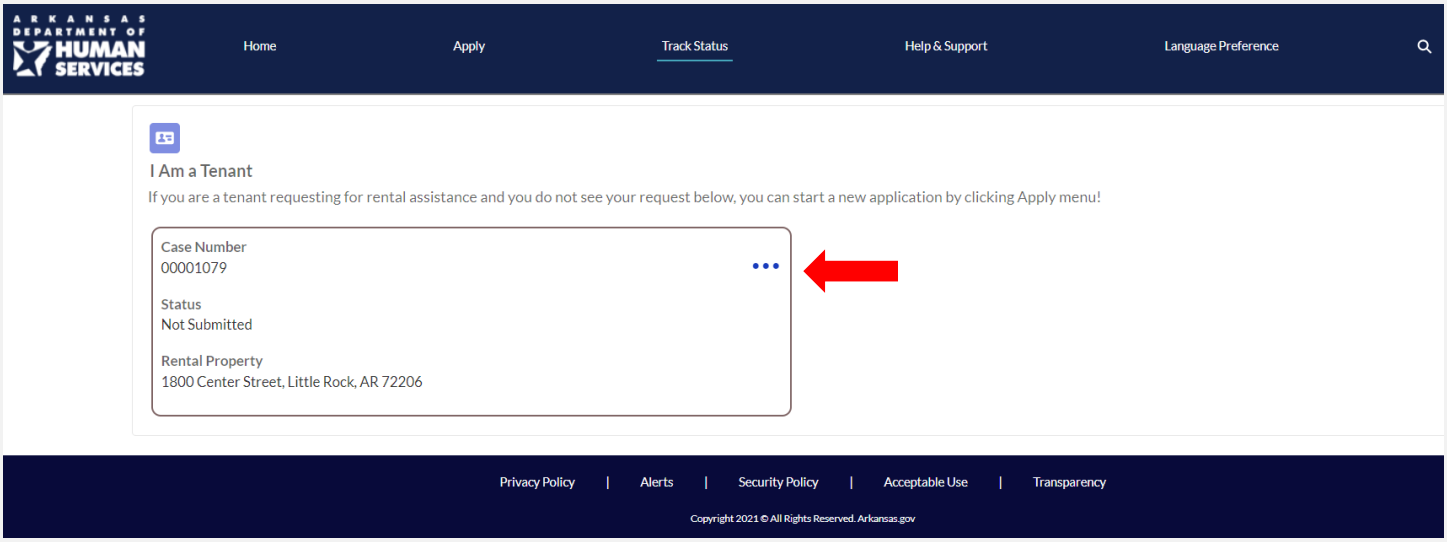
- ☐ To continue with an application you have already started, log in with your email address and password. If you have forgotten your password, you can create a new one by clicking "forgot your password?" and a new verification link will be sent to the email address you gave us.



- ☐ Once logged into, click on **Track Status** at the top of the screen.



- ☐ If you have already started an application, the case number, status, and rental property address will appear.
- ☐ Click on three dots in the top right corner and click **Edit**. This will bring you back to the first page of the application. Your information should already be there..



Note: If you have already completed your application, the Status will say "Submitted" and no further action will be required of you at this time.

YOUR PROGRESS

- ☐ On any page of the application, you will be able to monitor your progress both on the current page and throughout each phase of the application using the icons on the **top** panel.

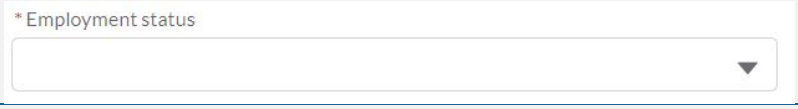
- ☐ On each subsequent page of the application, the progress will be updated, and previously competed pages will show a blue check mark.

- ☐ **Rules** have been built into the application to let you know if information is missing, has been entered in an incorrect format, or whether your responses indicate you are ineligible for the program.

- ☐ Please note that **you are responsible for answering each question completely and accurately.**

- ☐ If you accurately answer a question and you are provided with an **eligibility error**, please **DO NOT change, or override your response** to complete the application. This means you are not eligible for the program. Please call 1 (855) RENTARK for further assistance.

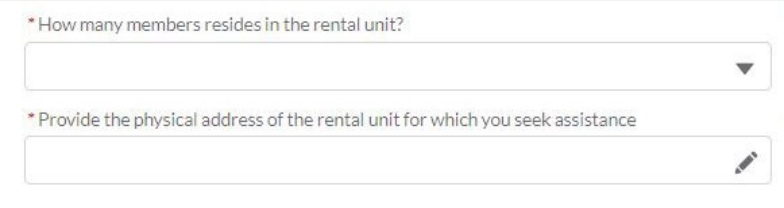
- ☐ **Mandatory fields** are indicated with an **asterisk** (*)



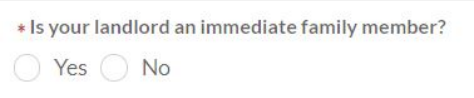
PRESCREENING

The **Prescreening** page asks key questions that can help you know whether you are eligible for the Rent Relief Program.

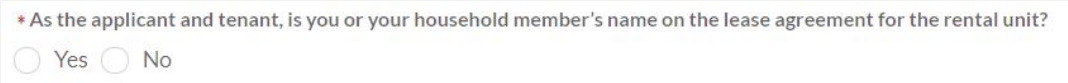
- ☐ Enter how many **members** live in your unit and **physical address** (number, street, city, zip and state) of the rental unit for which you are requesting help.. Include all renters named on the lease agreement, any minor children living in the home, and any other individuals living in the household on a regular basis, meaning more than 50% of the time for which you are seeking assistance.



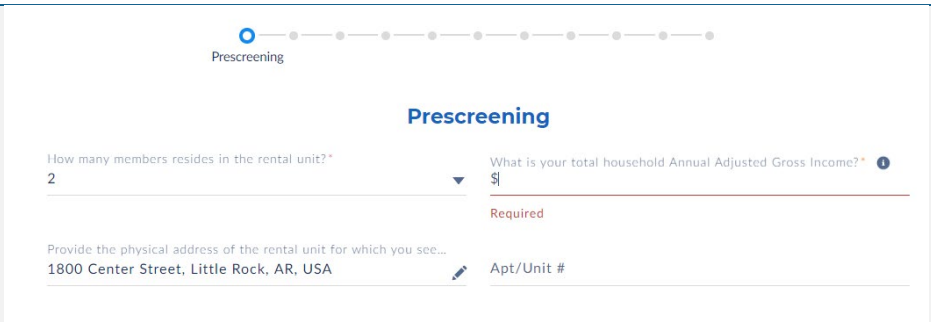
- ☐ Show whether your landlord is an immediate family member by selecting either the "Yes" or "No" button. Examples of immediate family members include, but are not limited to parents, children, or siblings.



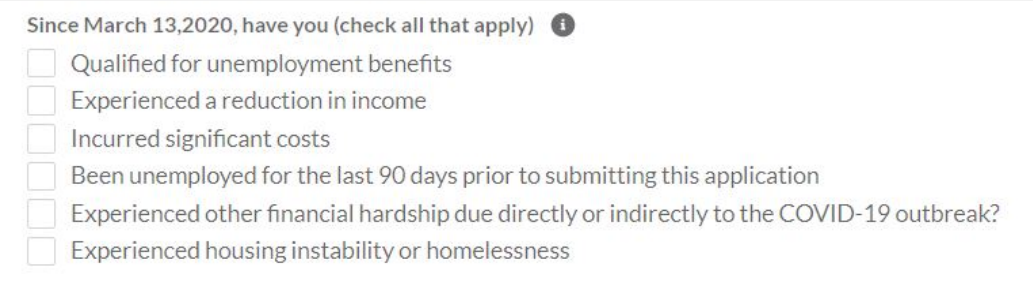
- ☐ Say whether your name is on the lease agreement for the rental unit by selecting either the "Yes" or "No" button.
  - Applicants are required to be listed in the lease agreement to be eligible for this program.



- ☐ Enter the **total annual household** income for 2020 in the open field. The total annual household income should reflect the sum of all income earned by the adult household members.
  - Applicants' 2020 total annual household income or current income (based on the last 2 months) must be be within the 80% AMI limits by the respective county.
  - **Please refer** to the State of Arkansas Rent Relief Program "Applicants Frequently Asked Questions" for the AMI table (Appendix A).

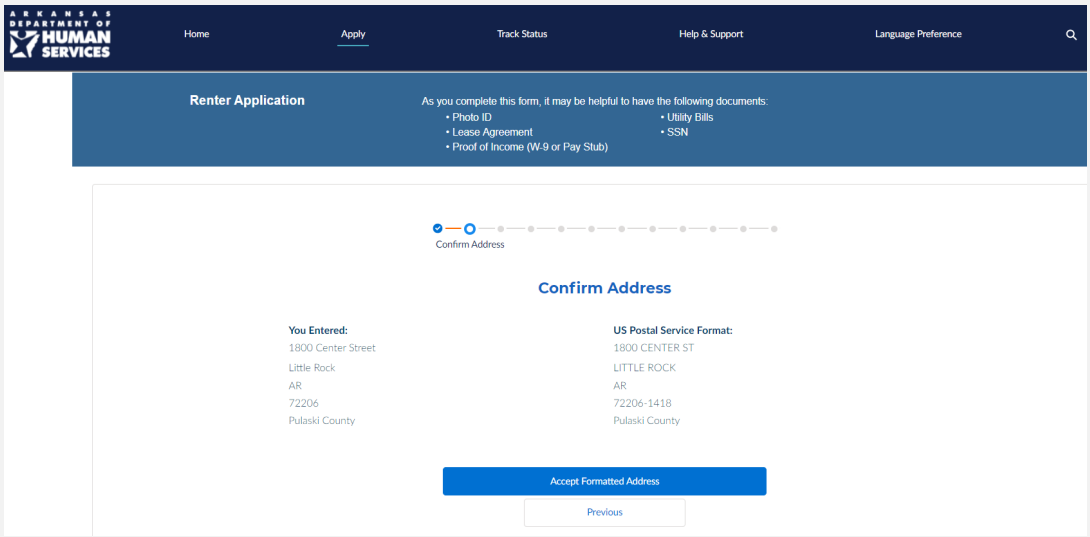


- ☐ Since March 13, 2020, select each scenario that applies to you by selecting the check boxes. An applicant must have experienced at least one of these scenarios:
  - Qualified for unemployment benefits
  - Experienced a reduction in income
  - Incurred significant costs
  - Been unemployed for the last 90 days prior to submitting this application
  - Experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak
  - Experienced housing instability or homelessness (gotten an eviction notice, for example)



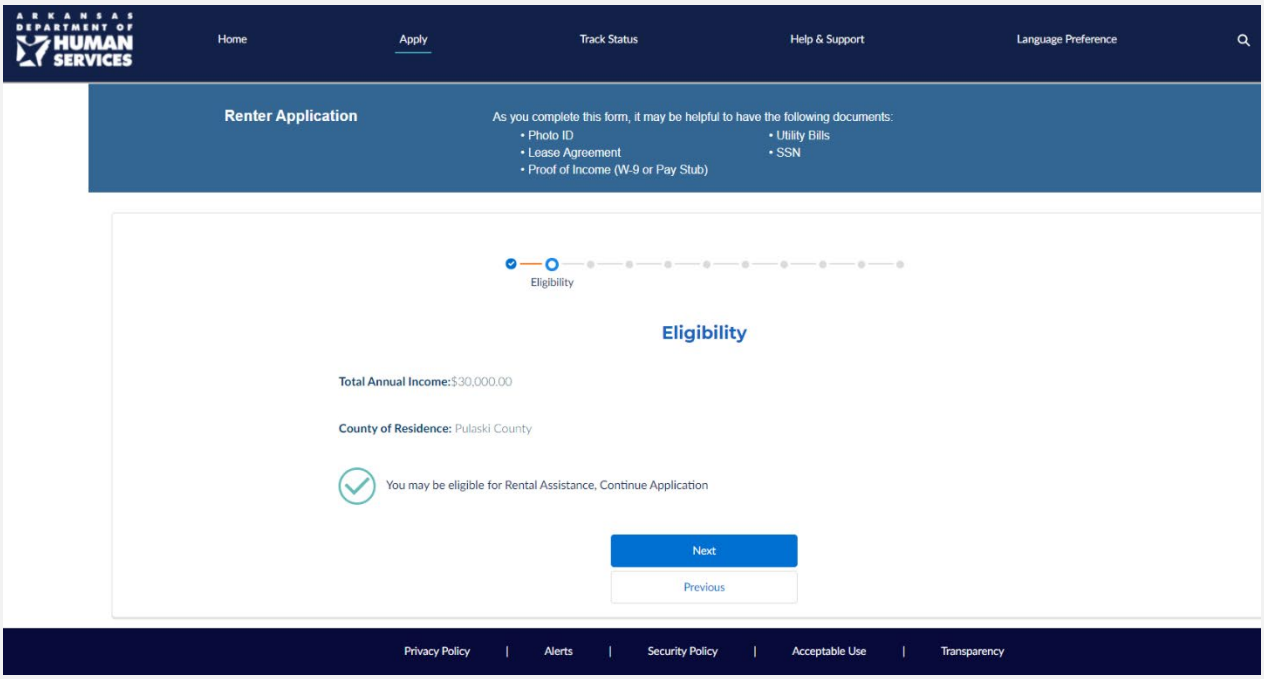
  - Say whether you are applying because of a request from your landlord, or a system generated email letting you know your landlord has applied. by selecting the “Yes” or “No” button.
  - If “Yes”, enter the application request number given by your landlord in the open field.

- ☐ Once the Prescreening steps are completed, confirm the address by clicking the **Confirm Entered Address**.


ARKANSAS DEPARTMENT OF HUMAN SERVICES
Home
Apply
Track Status
Help & Support
Language Preference
Renter Application
As you complete this form, it may be helpful to have the following documents:
• Photo ID
• Lease Agreement
• Proof of Income (W-9 or Pay Stub)
• Utility Bills
• SSN
Confirm Address
Confirm Address
You Entered:
1800 Center Street
Little Rock
AR
72206
Pulaski County
US Postal Service Format:
1800 CENTER ST
LITTLE ROCK
AR
72206-1418
Pulaski County
Accept Formatted Address
Previous

ELIGIBILITY

Based on responses to the Prescreening questions, an applicant will be notified if they may be eligible to apply.

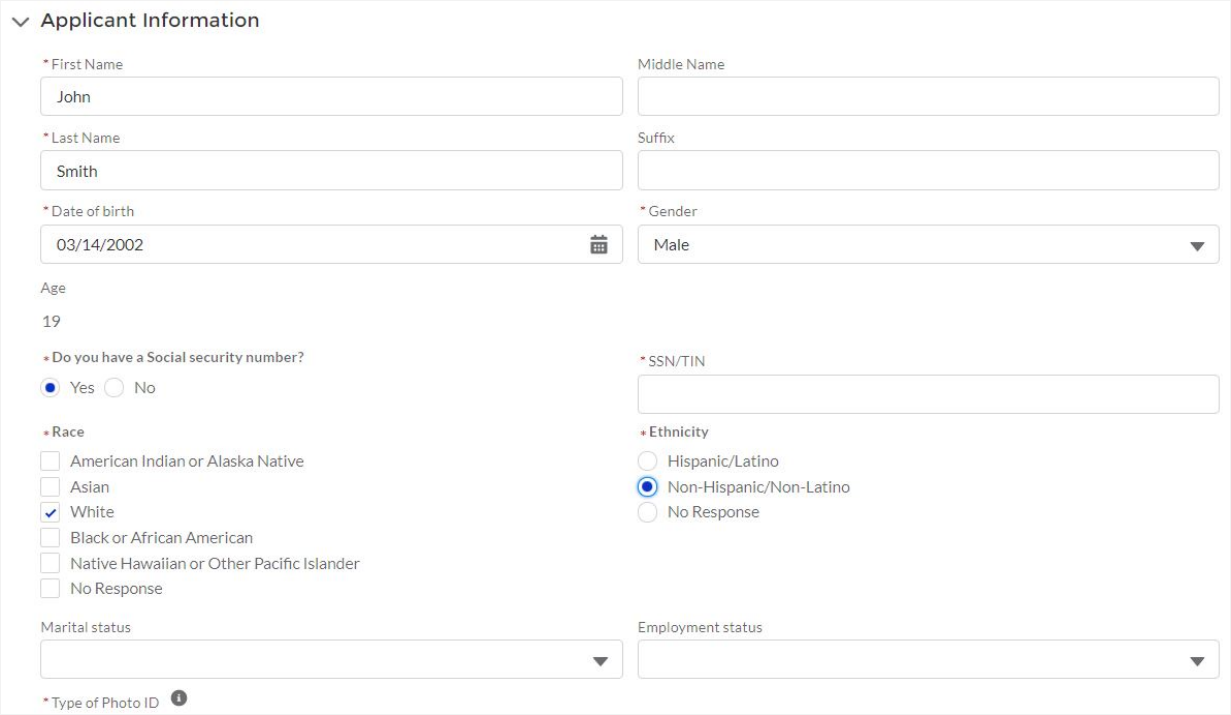


- ☐ Carefully **read and understand the eligibility requirements** as outlined in the Frequently Asked Questions to confirm that you are eligible for the program.
- ☐ **Answer each question honestly** and **do not override accurate responses in order to participate in this program** if your truthful answers show you are ineligible. There may be other programs and resources available to you.
- ☐ Responses to other questions within the application may lead to a determination of ineligibility.

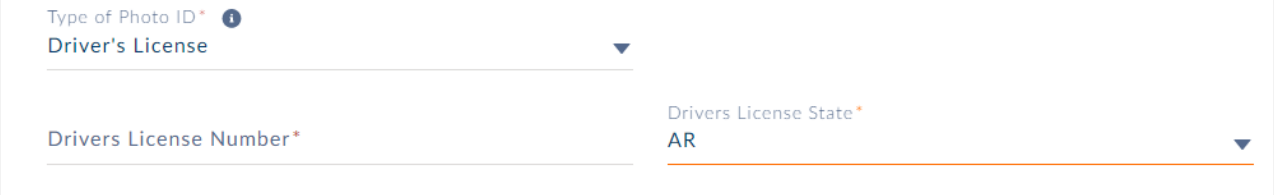
APPLICANT DETAILS

The Applicant Details page captures basic information about the applicant.

- ☐ Complete the **Application Information** section by entering:
  - First and Last Name
  - Date of Birth
  - Gender
  - Social Security Number
  - Race and Ethnicity
  - Marital Status
  - Employment Status
  - Type of Photo Identification



- ☐ If you are using a **Driver's License** for your eligible photo ID, please enter the "Driver's License Number" and the "State" that issued it.



Note: You will be required to upload a photocopy or picture of your eligible photo ID to the Upload Documents section later in the application.

- ☐ Enter your current **mailing address** and confirm your **contact information.**

Applicant Mailing Address

Address*
1800 CENTER ST, LITTLE ROCK, AR, USA

Apt #

Applicant Contact Details

Phone number*

Re-enter phone number*

Email*

Re-enter email*

Preferred method of contact*

Preferred language*

- ☐ In the open field provided under **Self Attestation for COVID-19 Impacts** you will need to describe how COVID-19 has impacted you, such as unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship
  - On the upload documents screen, you will need to attach supporting documentation to demonstrate a loss of income, significant cost, and/or other financial hardship (e.g., unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency).

Self Attestation for COVID-19 Impacts

Please describe how COVID-19 has impacted you through qualification of unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship.

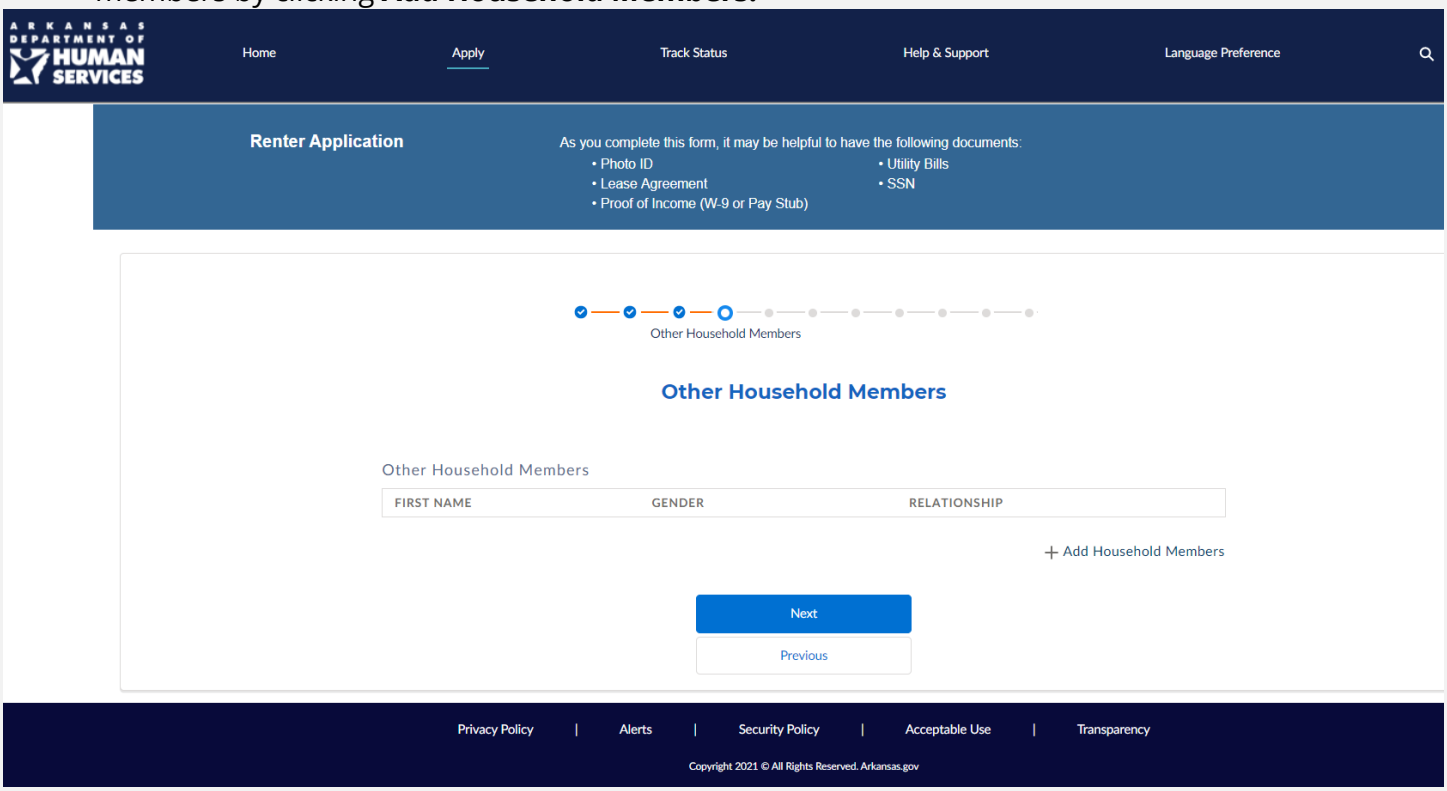
Next

Previous

- ☐ Click **Next** to continue with the application.

OTHER HOUSEHOLD MEMBERS

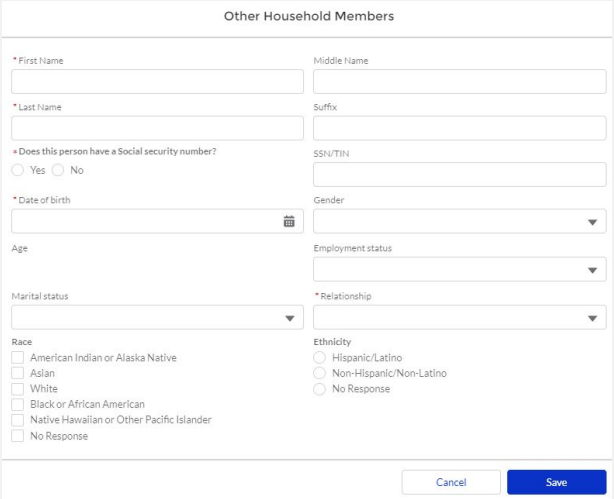
- ☐ After entering your details, you are required to add the information for any other household members by clicking **Add Household Members.**



Note: Applicants who live alone should click "Next" to continue with the application. A roommate who is also listed on the lease agreement or has a different lease agreement should apply separately.

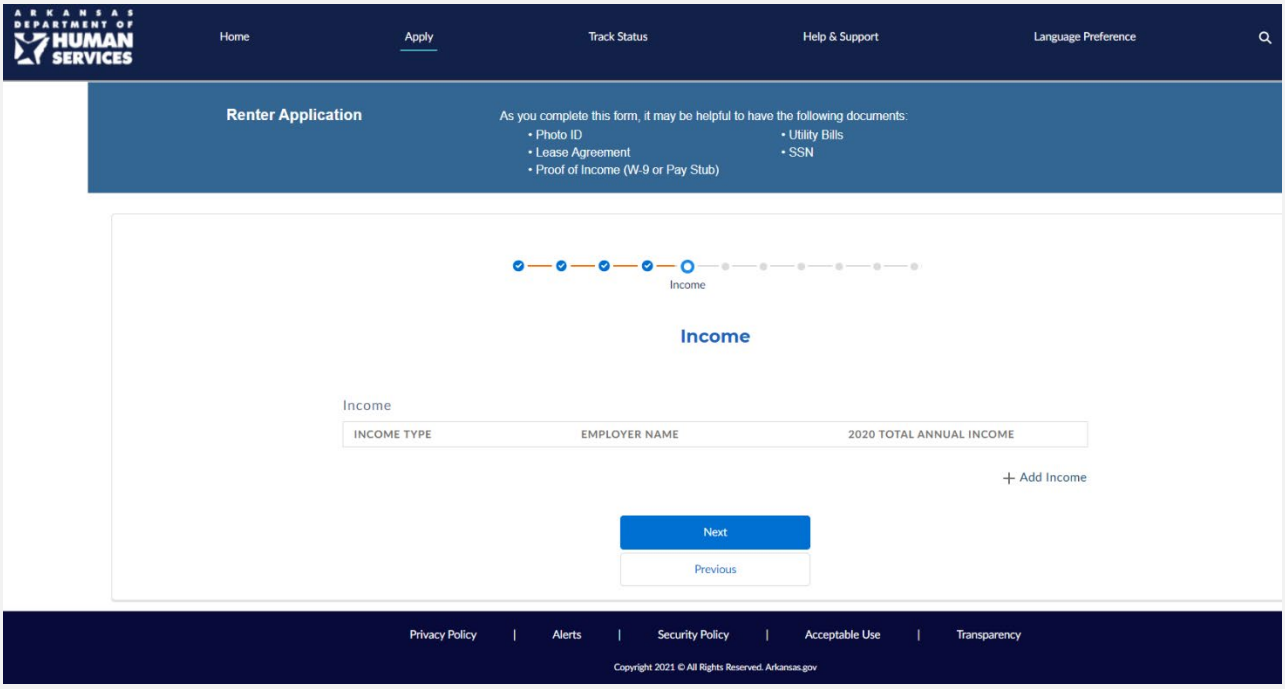
- ☐ For **each additional household member**, enter the following information and click **Save**.
  - First and Last Name
  - Date of Birth
  - Relationship to the applicant

- ☐ Once the details for all other household members are saved, click **Next** to continue.

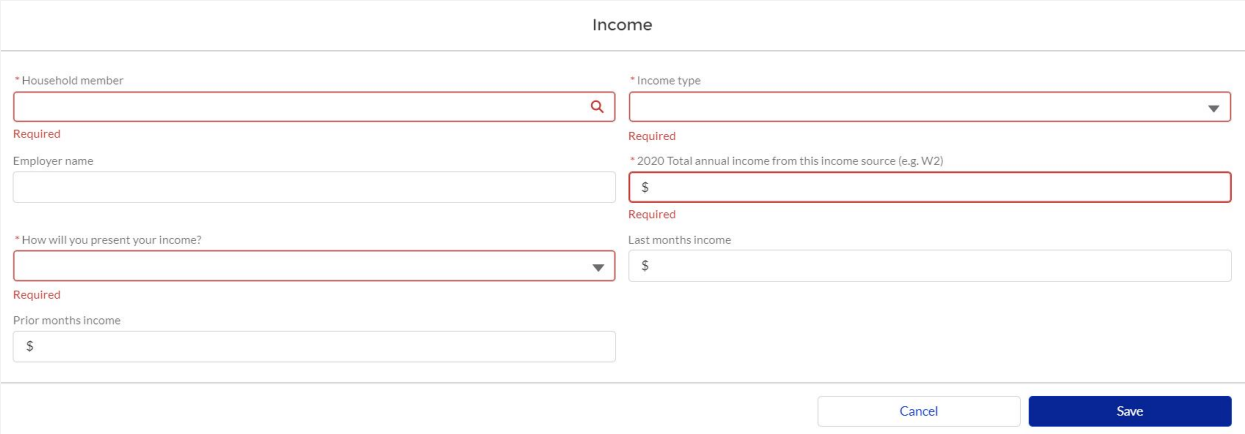


INCOME

- ☐ Add **all sources of income** for each household member by clicking **Add Income**.



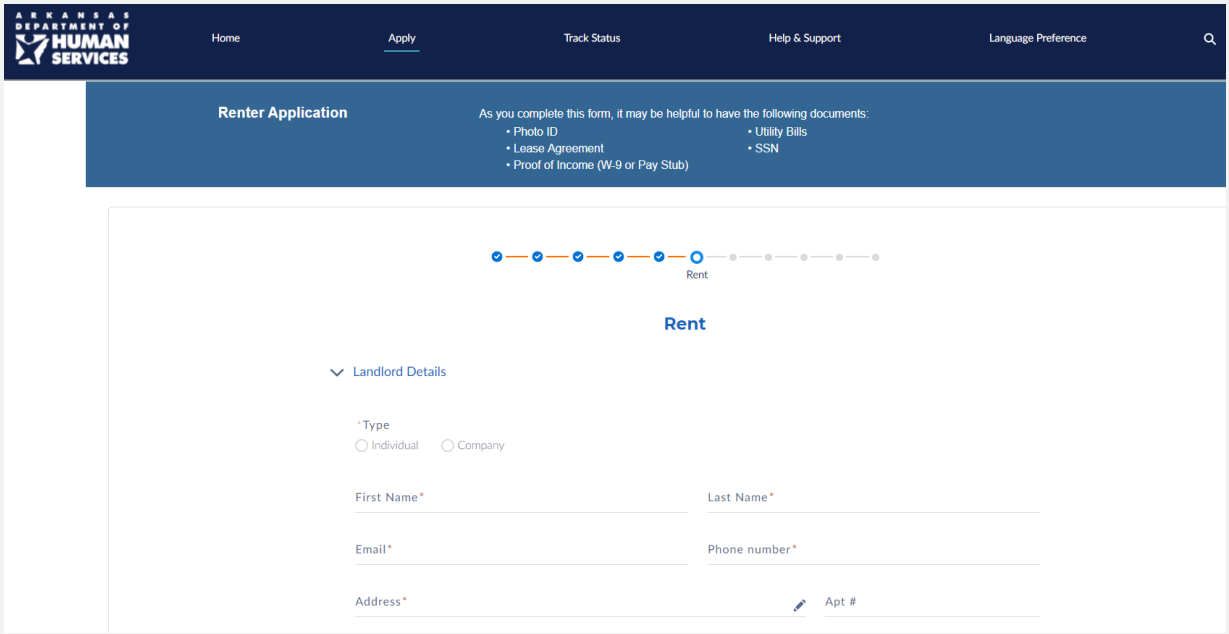
- ☐ For each source of household income, enter the following **required information** and click **Save**.
  - Select which household member is getting the income
  - The income type
  - 2020 annual income from this income type
  - How the Income will be presented in the application (IRS 1040, Current 2021 Income, 2020 Annual Income)



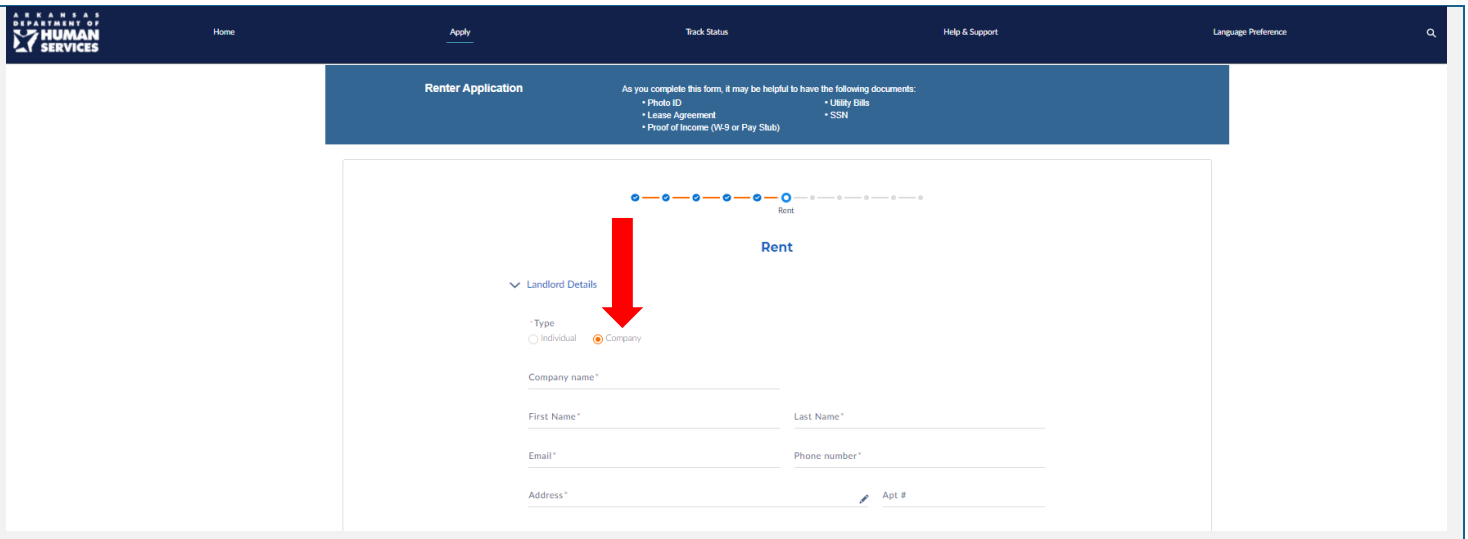
- ☐ After saving the required information for each source of household income, click **Next** to continue.

RENT

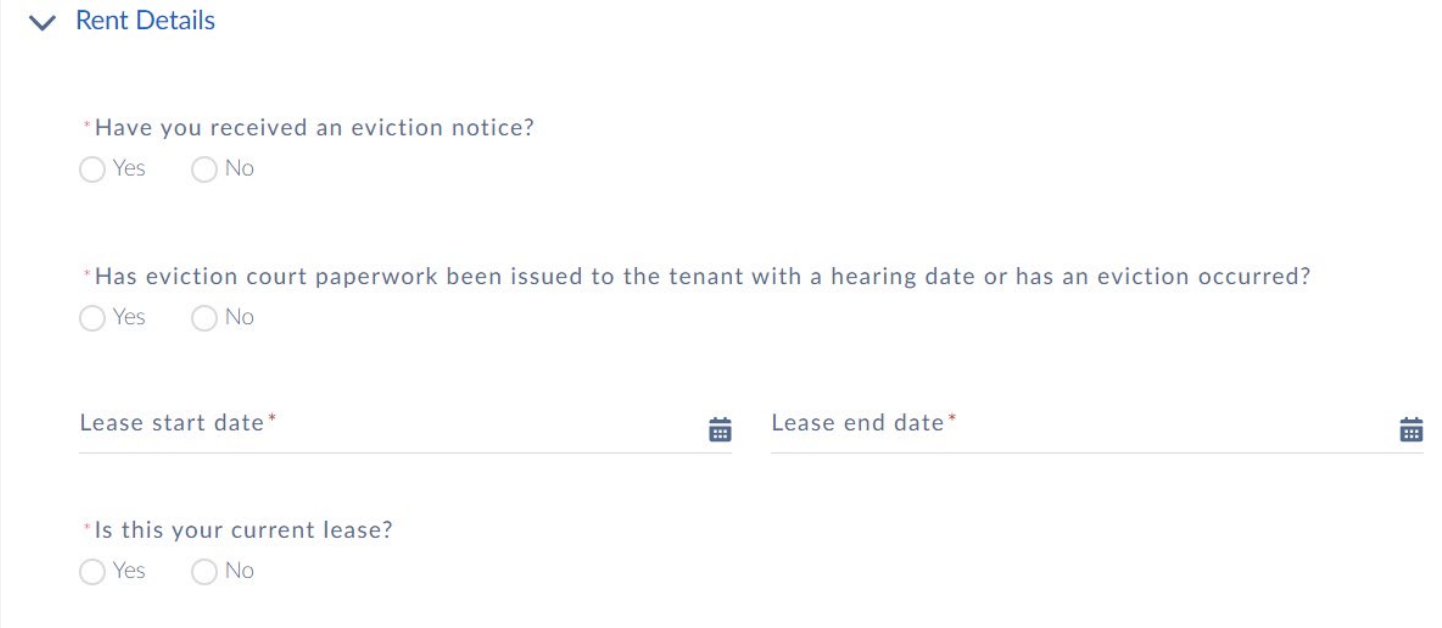
- ☐ Indicate whether you pay rent to an individual or a company by selecting either the “Individual” or “Company” button.
  - If **individual**, enter their information as noted in the lease:
    - Name (first, middle, last)
    - Landlord address (number, street, city, zip and state)
    - Contact information (phone number and email address)



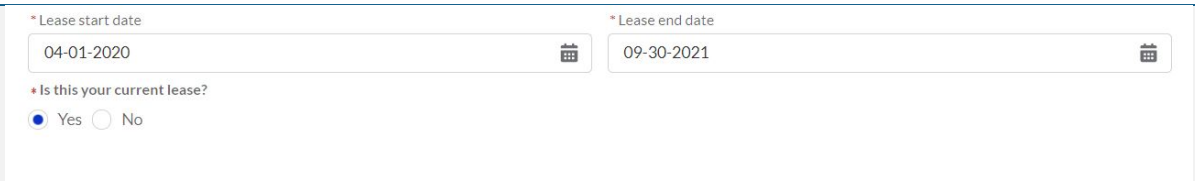
  - If **company**, enter their information as noted in the lease:
    - Company name
    - Address (number, street, city, zip and state)
    - Contact information (phone number and email address)



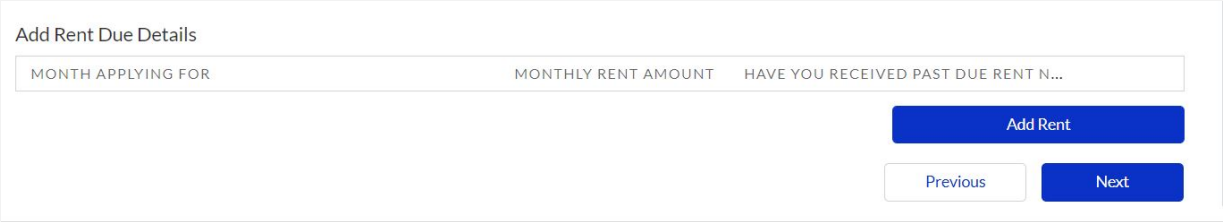
- ☐ Indicate whether you have gotten an eviction notice by selecting either the **Yes** or **No** button.
- ☐ Indicate whether you have gotten court eviction paperwork with a hearing date by selecting either the **Yes** or **No** button.



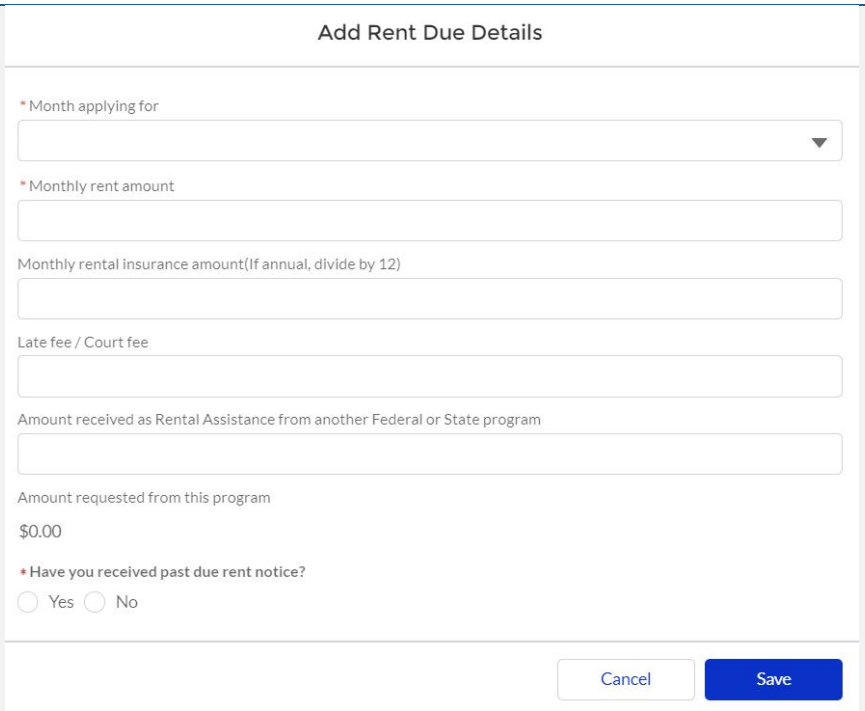
- ☐ Enter your lease information, including:
  - Lease start date
  - Lease end date
  - Whether this is your current lease by clicking the **Yes** or **No** button



- ☐ Add each month you are seeking help for by clicking **Add Rent** and entering the following information:



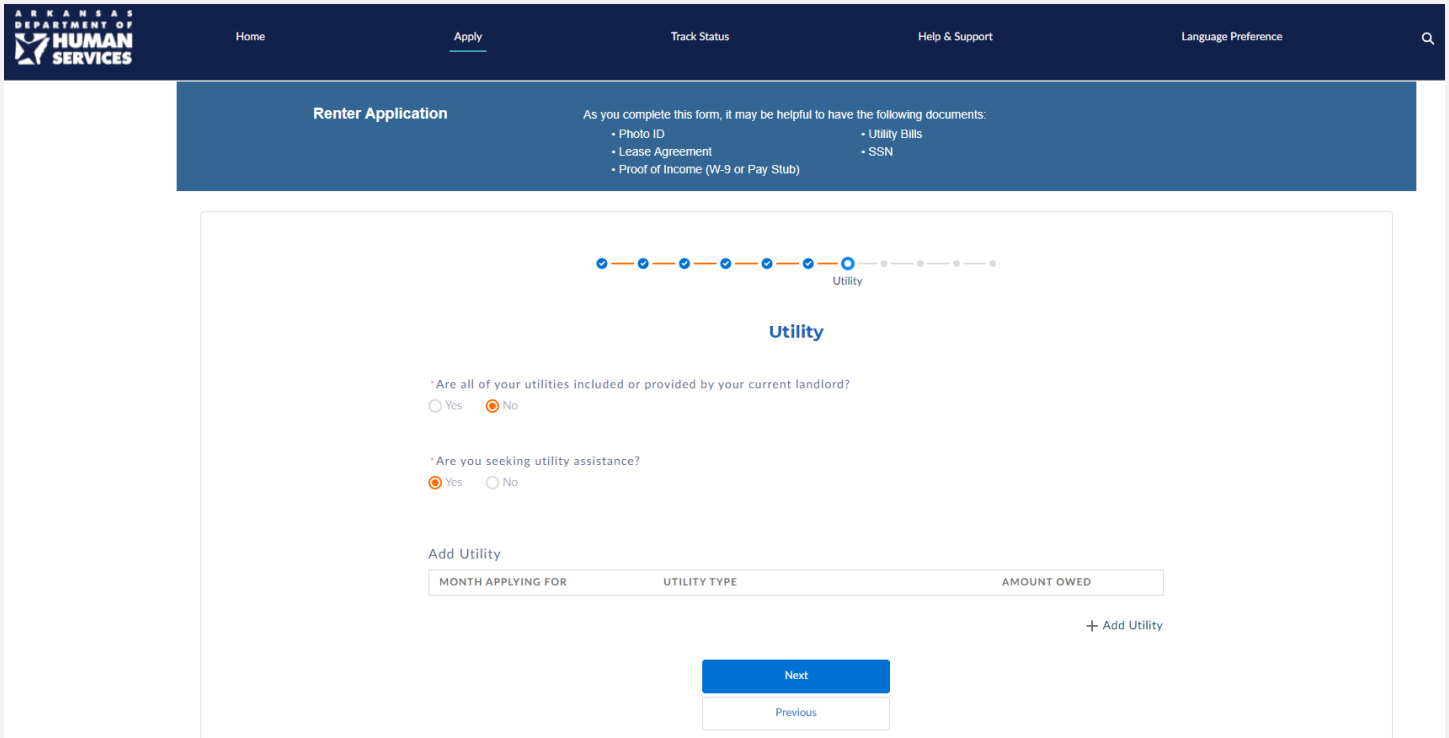
- ☐ Enter the rent details for each month you are applying for help, the **amount requested** field will automatically be calculated based on the information you provide, which must include:
  - Month applying for
  - Monthly rent amount
  - Monthly rental insurance amount
  - Amount received as rental assistance from another federal or state program
  - Whether you have gotten a “past due rent notice”
    - If “Yes”, enter any applicable late fees in the “late fee/court fee” field



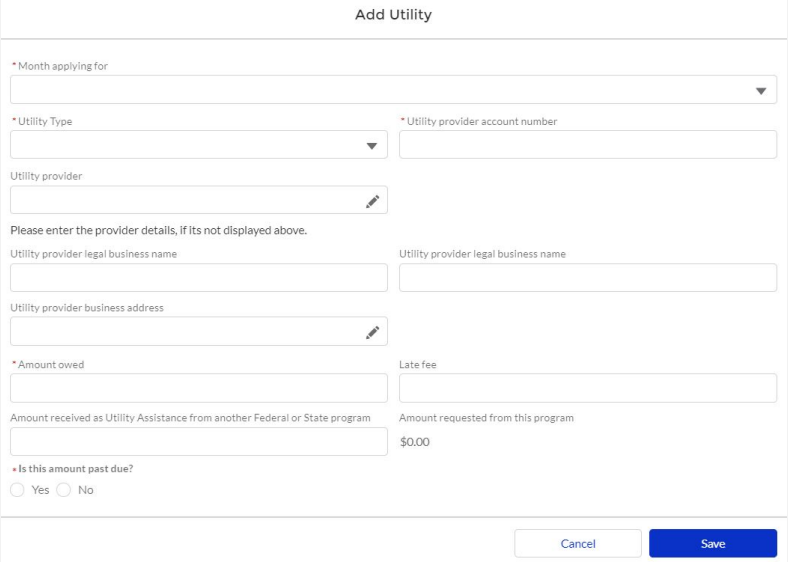
NOTE: Click the "add month" button and enter the above information <u>individually for each month</u> you are asking for help.

UTILITY

- ☐ Indicate whether your utilities are included in your rent or provided by your current landlord by selecting either the **Yes** or **No** button
  - If "No", indicate whether you are seeking utility assistance by selecting either the **Yes** or **No** button



- ☐ If you are seeking help paying your utilities, separately add each utility by clicking **Add Utility** and entering the following information as listed on invoice:
  - Month applying for
  - Utility type (e.g., electric, water, gas, etc.)
  - Utility provider account number
  - Utility provider name



- ☐ If your provider's details are not displayed, please provide the following utility provider information:
  - Legal business name
  - Phone number
  - Business address
  - Amount owed
  - Late fee (if applicable)
  - Any amount gotten as utility assistance from another federal or state program
  - Indicate whether amount is past due
    - If "Yes", enter any applicable late fees

(NOTE: Help requested from this program will be automatically calculated from the provided information)

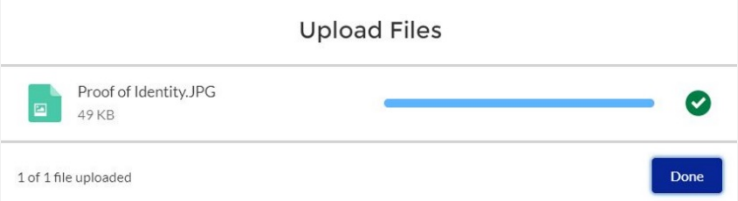
*(NOTE: Click the **Add Utility** button and enter the above information <u>individually for each month</u> you are seeking help paying your utilities.*

UPLOAD DOCUMENTS

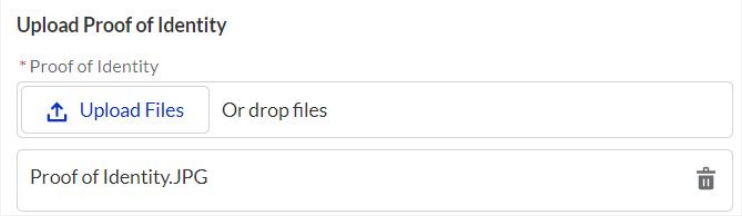
Applicants must upload all **required documents** to the application before submitting it. This includes photocopies or pictures of the following:

- ☐ **Proof of identity**
- ☐ **Lease agreement**
- ☐ **Rent notice(s)**
- ☐ **Utility bill(s)**
- ☐ **Proof of income**
- ☐ **Other documents (if applicable)**

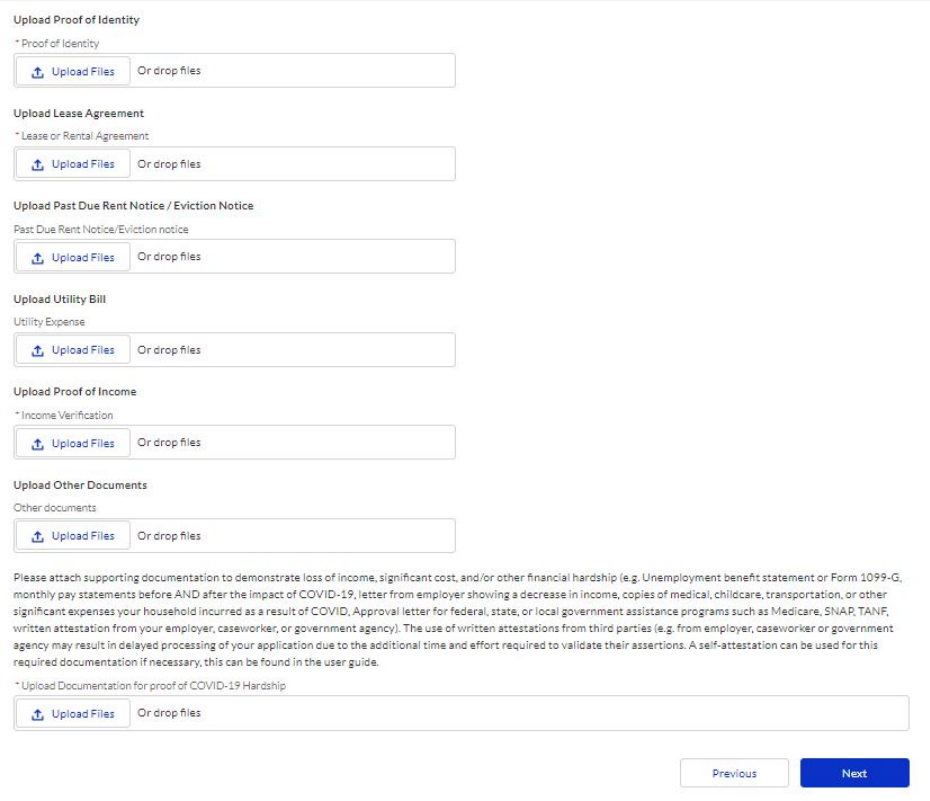
☐ Upload your relevant documents for each section. A green check mark will show when a document is uploaded, then click **Done**.



☐ You can delete an uploaded document by clicking the "trashcan" icon to the right of each document.



Reminder: You will need to attach supporting documentation to show a loss of income, significant cost, and/or other financial hardship (e.g., Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, Approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency).



Upload Proof of Identity

* Proof of Identity

Upload Files | Or drop files

Upload Lease Agreement

* Lease or Rental Agreement

Upload Files | Or drop files

Upload Past Due Rent Notice / Eviction Notice

Past Due Rent Notice/Eviction notice

Upload Files | Or drop files

Upload Utility Bill

Utility Expense

Upload Files | Or drop files

Upload Proof of Income

* Income Verification

Upload Files | Or drop files

Upload Other Documents

Other documents

Upload Files | Or drop files

Please attach supporting documentation to demonstrate loss of income, significant cost, and/or other financial hardship (e.g. Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household incurred as a result of COVID, Approval letter for federal, state, or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency). The use of written attestations from third parties (e.g. from employer, caseworker or government agency may result in delayed processing of your application due to the additional time and effort required to validate their assertions. A self-attestation can be used for this required documentation if necessary, this can be found in the user guide.

* Upload Documentation for proof of COVID-19 Hardship

Upload Files | Or drop files

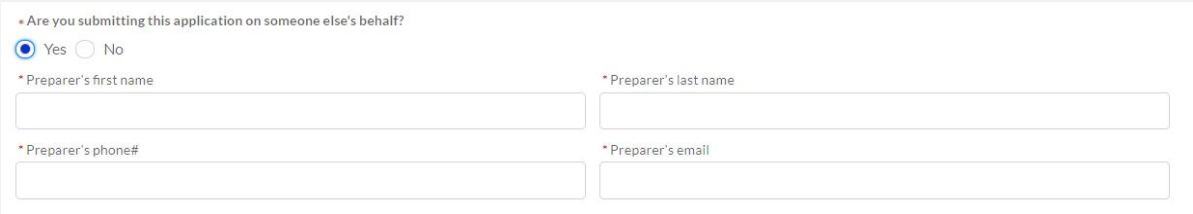
Previous | Next

Carefully read each section and complete ONLY the sections for the categories you are unable to provide the required supporting documentation and thus needing to self-attest to that you are providing accurate information.

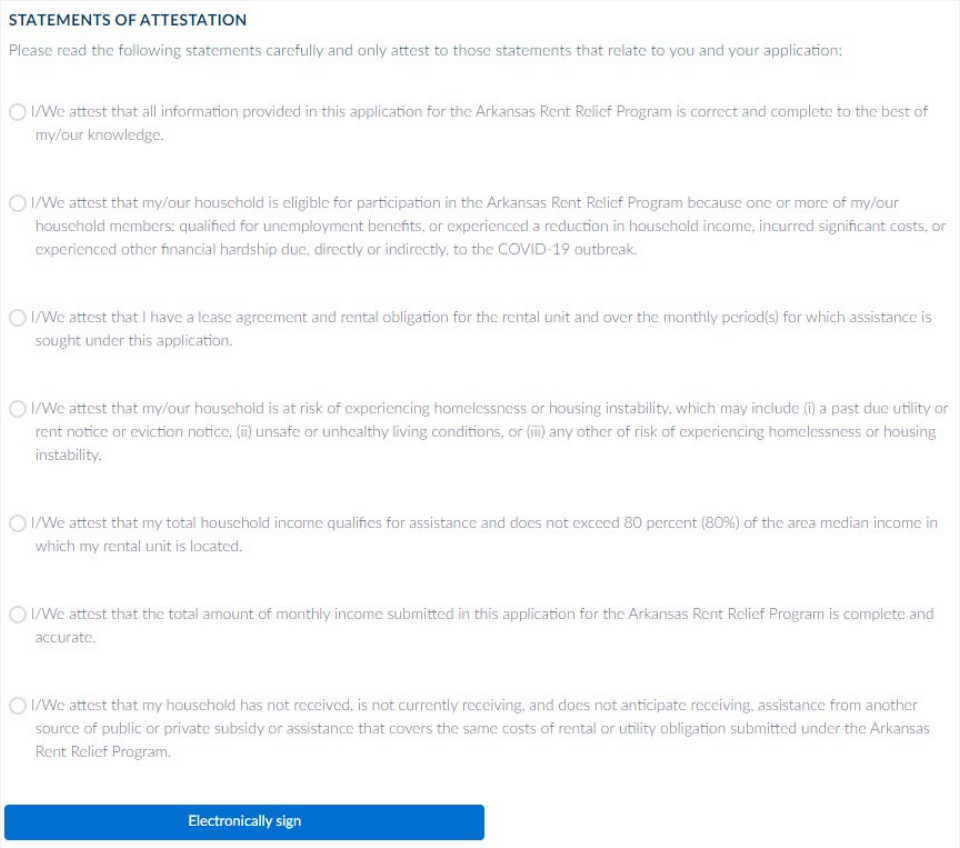
- ☐ Once all the required information is uploaded, click **Next** to continue.

CERTIFICATION

- ☐ Indicate whether you are submitting this application on someone else's behalf by clicking the **Yes** or **No** button.
  - If **yes,** enter your personal information as the **preparer** of their application including:
    - First and last name
    - Phone number
    - Email



- ☐ Read the **Statements of Attestation** and fill in the bubbles that are relevant to your application to certify that the information is accurate to the best of your knowledge and click **electronically sign** to authorize.



☐ Indicate that you have read and understand the **Acknowledgements** and an electronic signature.

ACKNOWLEDGEMENTS

- I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the Arkansas Rent Relief Program.
- I/We understand that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain these funds may be punishable under the state, federal or local law, including under 18 USC 1343 by imprisonment of not more than thirty years and/or a fine of up to $1,000,000 and Ark. Stat. Ann 6-3-402 by imprisonment for not more than ten years and/or a fine up to $10,000.
- I/We also understand that false statements or information will be grounds for denial of my/our application, termination of rental or utility assistance, and/or debarment from participating in other current or future assistance programs.
- I/We understand that this is an application for assistance and signing this application does not bind the Arkansas Rent Relief Program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- "I/We have no objection to inquiries from the State of Arkansas or its designee to its agencies and instrumentalities for the purpose of verifying the facts herein stated and hereby consent to disclosure of information between such entities, including providing additional documentation if needed or as part of random and routine audits."
- I/We have no objection to inquiries from the State of Arkansas or designees for the purpose of verifying the facts herein stated.
- I/We have received, read and understand the Arkansas Rent Relief Program eligibility requirements, program guidelines and compliance requirements.
- I/We understand that we may be subject to future audits and I/We agree to cooperate in providing information for any future audit.

○ I/we have read and understand the acknowledgements above

Electronically sign

☐ Indicate that you have read and understand the **Authorization to Release Information** and the **Fair Credit Reporting Act Authorization.**

AUTHORIZATION TO RELEASE INFORMATION

- Your signature on this form authorizes the Arkansas Rent Relief Program to use this authorization and the information obtained with it, to administer and enforce rules and policies.
- Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from, but is not limited to: courts, law enforcement agencies, landlords, past and present employers, Social Service Agencies, utility companies, and unemployment benefits.
- By signing this form, I authorize the above persons, firms or corporations to make available any documents or records to the Arkansas Rent Relief Program for inspection and copying.

I hereby authorize the Arkansas Rent Relief Program to publish information regarding me/my household (not including personally identifiable information) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts.

◯ I have read and understand the authorization above

Electronically sign

FAIR CREDIT REPORTING ACT AUTHORIZATION

You understand that by clicking on the I AGREE button immediately following this notice, you are providing 'written instructions' to the State of Arkansas ("the State") under the Fair Credit Reporting Act authorizing the State to obtain information from your personal credit profile or other information from Experian. You authorize the State to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name for the State of Arkansas Rent Relief Program.

◯ I Agree

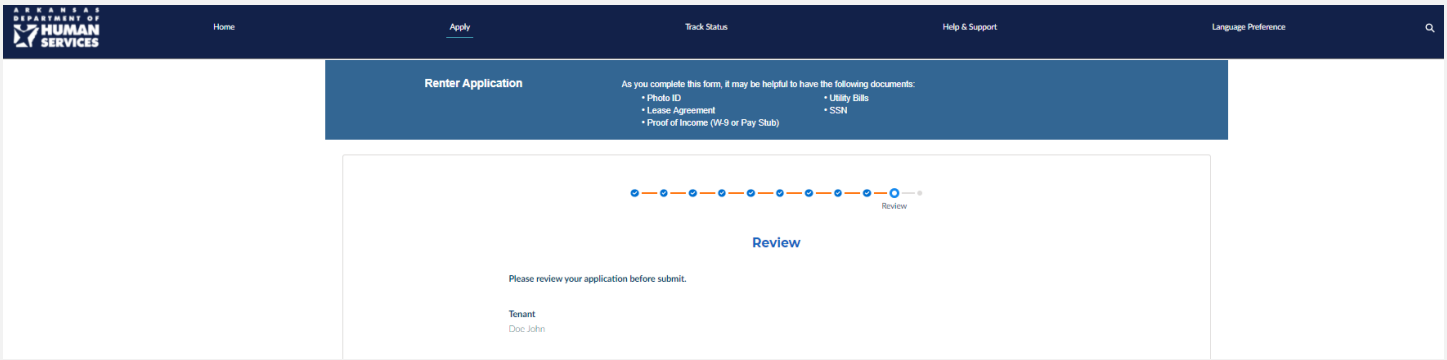
Electronically sign

☐ Provide an **electronic signature** for each, then click **Next** to continue.

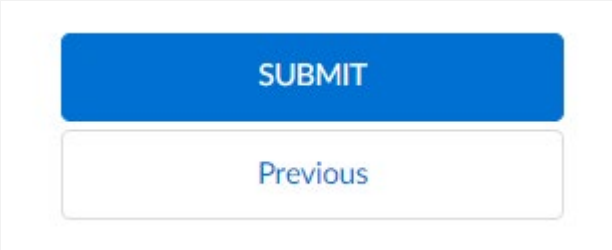
REVIEW

Review the information you have provided prior to submitting the application, including:

- Renter name
- Phone number
- Email address
- Rental property address
- Landlord
- Household members
- Total rent assistance requested
- Total utility assistance requested
- AMI percentage



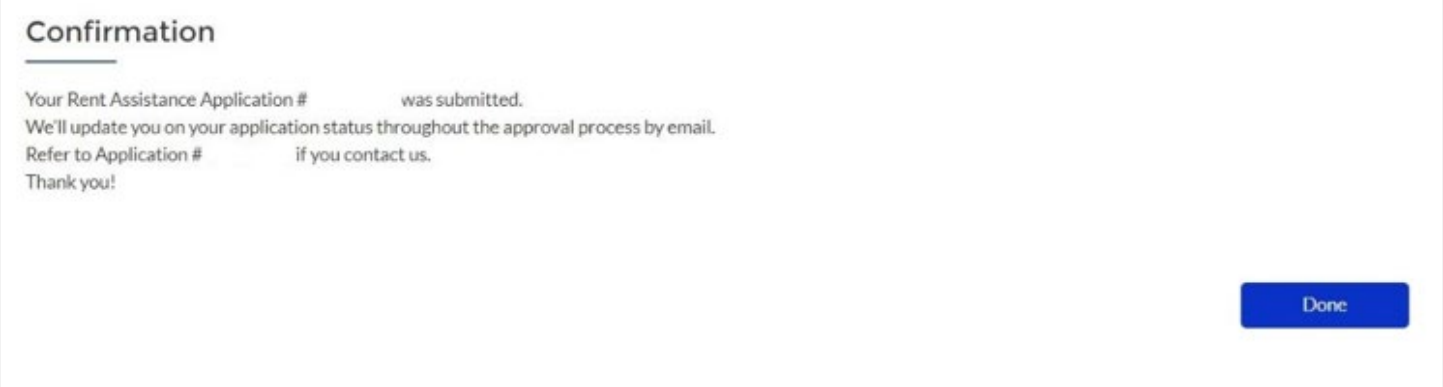
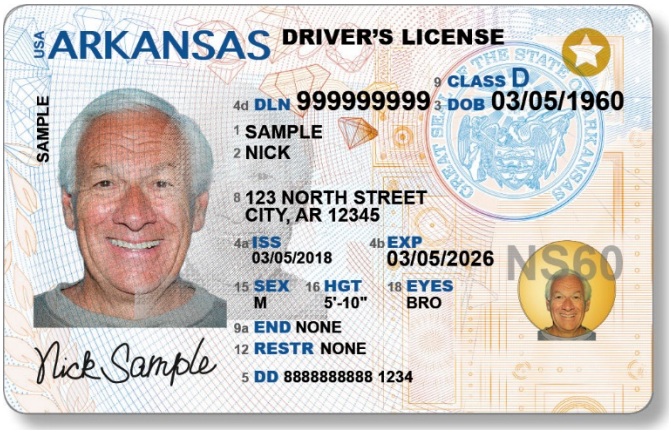
☐ After reviewing the information above, click **Submit**.



CONFIRMATION

Once the application is submitted, a confirmation will appear with the application number.

- ☐ Click **Done** to complete your Arkansas Rent Relief Program application.



DOCUMENT / INFORMATION	EXAMPLES
Documentation	☐ Government issued photo identification (e.g. driver's license, passport, military ID, U.S. permanent resident card, etc.) ☐ Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance ☐ Proof of income for each household member (e.g. 2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months) ☐ COVID-19 impact on income (e.g. 2019 Pay Statements or 2019 W2 compared to 2020 Pay Statements or 2020 W2) ☐ Unemployment benefit statement or Form 1099-G ☐ Relevant eviction notice or statement/letter of past-due rent ☐ Utility bill(s) for the amount you are requesting financial help
Driver's License Sample