

Delaware Housing Assistance Program (DEHAP)

Tenant Manual

March 31, 2021

Delaware State Housing Authority 18 The Green, Dover, DE 19901 1-866-935-0407



1 3/31/21

DEHAP Program Manual – Tenant Application

Application Process

If the tenant initiates an application, the application will be reviewed and their information will be preapproved. At that time, the landlord will receive a notice to register (or login, if you have already registered) to confirm the rent amounts due, upload their W-9 (if not already uploaded) and their payment information.

If the landlord initiates an application, they will be entering information about their property, the amounts due and their tenant's contact information. The tenant will then receive a prompt from the system to register and submit their application information, including uploading documentation and completing several self-certifications as part of the application. The application will then be reviewed to confirm the tenant's eligibility.

<u>Step 1</u>

Login

Home

To begin the DEHAP Tenant application, first click on "Tenants Apply Today" on the homepage of the application portal.



	Are You E	ligible?	
6	If you have experienced hardship due to COVID 19 and need assis	stance to pay your RENT you MAY be eligible for DEHAP.	
R.C.	O Help, I don't	qualify.	

Having Trouble Paying Your Rent? We're Here to Help.

The DEHAP works to help renters get the assistance they need to avoid eviction. The DEHAP is administered by the Delaware State Housing Authority (DSHA).

<u>Step 2</u>

The application portal will start with several pre-qualification questions to help you determine if you may be eligible for the program. Begin the process by clicking, "Click Here to Prequalify".



Step 3

The first question asks if you are the head of household and a resident of Delaware. If both of those statements apply to you, check the box next to Yes. The portal will automatically load the next question.

			^
	Question 1:		
I am an authorized re	esentative for, or am the Head of Household who is a resident of Delaware?		
	□ Yes		
	□ No		
	CANCEL PREQUALIFICATION		
			Ŧ
		P	

Step 4

The second question asks if one or more individuals in your household has qualified for unemployment or experienced a reduction in income or other financial hardship related to the pandemic. If you or someone else in your household has been financially impacted by the pandemic, check Yes.

		Pi	equalification Statements
		☑ 1 CHANGE	I am an authorized representative for, or am the Head of Household who is a resident of Delaware
	14	S 2	If aid is to be used to pay
Question 3: as one or more individuals in your household qualified for unemployment OR	•	CHANGE	delinquent rent or utilities owed to my landlord, my first month of delinquency on or after April 1, 2020
penenced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic?		-	Veril de
C Yes		N ir	OTE: Knowingly submitting correct answers to prequalify
□ No		p	rosecuted to the fullest extent f the law.
CANCEL PREQUALIFICATION			

Step 5

The third question asks for your address to confirm that you are a Delaware resident and to confirm your income eligibility.

Que	estion 4:	
EARCH FOR YOUR ADDRESS		
STREET ADDRESS	STREET ADDRESS LINE 2	_
Street Address	Street Address Line 2	
PROPERTY CITY	PROPERTY STATE	_
City		-
PROPERTY ZIP	PROPERTY COUNTY	_
Zip	· · · · · · · · · · · · · · · · · · ·	-
		_
O CANCEL	PREQUALIFICATION	



Step 6

Next, the portal will show you the income limits for the program based on the county in which you reside and the number of people in your household. If your household income is less than the maximum pre-tax income shown, check Yes under the income chart.

G	Question 3:		
SEARCH FOR YOUR ADDRESS			
STREET ADDRESS	STREET ADDRESS LINE 2	Pre	qualification Statements
14 Rector Ct	Street Address Line 2	~	
ROPERTY CITY	PROPERTY STATE	CHANGE	representative for, or am the
Vilmington	Delaware ~	200	Head of Household who is a resident of Delaware
ROPERTY ZIP	PROPERTY COUNTY		resident of Beamars
9810	New Castle 🗸	1	
		GT 2 CHANGE	One or more individuals in my household qualified for unemployment OR experienced
HOUSEHOLD SIZE	MAX PRE-TAX INCOME		a reduction in income, incurred significant costs, or experienced
	\$54,150.00		other financial hardship due
	\$61,850.00	100 Mar 1	COVID-19 pandemic
	\$69,600.00	and the second second	
	\$77,300.00	Contraction of the second	1000
	\$83,500.00	NO	TE: Knowingly submitting
3	\$89,700.00	con	stitutes fraud, and may be
	\$95,900.00	pro-	he law.
)	\$102,050.00		
s your household's combined gros hose, 18 years or older, less than o	is (before taxes and deductions) annual income for or equal to the amount listed above for your eligible household size.		
	□ Yes		
		and the second second	

Step 7

The next question asks if your household is at risk of homelessness or experiencing housing instability such as having a past due rent notice or an eviction notice, or paying more than 30% of your income for rent. If your household meets this qualification, check Yes.

	Question 5:	
Is your household at risk o having a past due rent n	of homelessness or experiencing housing instability, such as holice or eviction notice OR paying more than 30% of your household income for rent?	
	□ Yes	
	□ No	
	CANCEL PREQUALIFICATION	
		- F



<u>Step 8</u>

The next question confirms that you have answered all of the previous questions truthfully. If so, check Yes. This is the last pre-qualification question.

		1104	
		G 1 CHANGE	I am an authorized representative for, or am the Head of Household who is a resident of Delaware
		R 20	If hid is to be used to have
		CHANGE	delinguent rent or utilities
Question 6:			owed to my landlord, my first month of delinquency on or after April 1, 2020
Have you answered these questions truthfully to the best of your ability and knowledge under penalties of perjury?			
□ Yes		CHANGE	One or more individuals in my household qualified for
□ No			unemployment OR experienced a reduction in income, incurred significant
			costs, or experienced other financial hardship due directly or indirectly to the COVID-19
CANCEL PREQUALIFICATION			pandemic
	• •		
		CHANGE	The combined gross (total before taxes) income for all household members who are
			18 years old (or older) less than or equal to the maximum income allowed for the size o your household NOTE:
	A		Household size includes all

Step 9

If you answered Yes to all of the pre-qualification questions, you will be directed to the below screen. If you are the Head of Household, enter your information. If someone else is the Head of Household, enter their information. If you have additional household members (children, parents who live with you, etc.), click "Add Household Member 2" and enter all of their information. **You will need to complete this step for every member of your household.** Click Register. (*Please note, Social Security Numbers are not required.*)

Congratulations!		Preq	ualification Statements
Based on your answers, you have been prequ guarantee approval for funding, but indicates t	alified. Please note that prequalifying does not hat you may be eligible.	CHANGE	I am an authorized representative for, or am the Head of Household who is a
It is important to complete your application Household's registration information, and	on as soon as possible. Please enter the Head of d then the names of each household member.		resident of Delaware
Head of Household (HH):		the second second	
First Name *	Last Name *	CHANGE	If aid is to be used to pay delinquent rent or utilities
Jessica	Doe		owed to my landlord, my first month of delinquency on or
mail *	Confirm Email *	Contract Contract	after April 1, 2020
socialmedia@destatehousing.com	socialmedia@destatehousing.com		
tone Number*	Phone Number*	F 3	One or more individuals in n
(302) 739-4263	(302) 739-4263	CHANCE	household qualified for unemployment OR
assword *	Confirm Password *	and the second	experienced a reduction in
		and the second	costs, or experienced other
ocial Security Number	Confirm Social Security Number		financial hardship due direc or indirectly to the COVID-1
111-22-2333	111-22-2333		pandemic
ADD HOUSE	HOLD MEMBER 2		
€ RE	GISTER	CHANGE	before taxes) income for all household members who al 18 years old (or older) less
			than or equal to the maximu income allowed for the size
		A CONTRACTOR OF	your household NOTE:
O CANCEL P	REQUALIFICATION		residents of the home
			regardless of age.

<u>Step 10</u>

You are now registered for the application portal. Below is the screen you will see confirming that you have registered. Click the blue box that says "Begin Application" to begin your DEHAP application.





Step 11

Next, you will begin the DEHAP application starting with Section 1 – Applicant Information. Fill in your contact information (First Name, Last Name, etc.). The federal government has requested applicant demographic information. This information is optional, but we encourage you to include it if you feel comfortable doing so.

		DEHAP Sec	ion 1:			
0%		YOUR PROGRESS			1	
Applicant Assistance		ncome COVID-19 Hards		erms & Conditions		O Package Submiss
Primary Applicant		ncome COVID-19 Hards	p Privacy Policy Te	Conditions		Package Submiss
Primary Applicant		COVID-19 Hards	p Privacy Policy Te	erms & Conditions		Package Submiss
Primary Applicant Prist Name Jessica Unth Date	Duplicative Benefits	COVID-19 Hards	p Privacy Policy Te	errms & Conditions	Third-Party Authorization	Package Submiss
Primary Applicant	Duplicative Benefits	COVID-19 Hards	p Privacy Policy Te lame ity: not Hispanic	Conditions	ex: Female	Package Submist
Primary Applicant Sisteme Primary Applicant Sisteme Sisteme Mar 6, 1990 Primary Language:	Duplicative Benefits	COVID-19 Hards	p Privacy Policy Te lame ity: not Hispanic Status:	S	Third-Party Authorization	Package Submist

<u>Step 12</u>

Next, you'll be asked to include information for the other members of your household. To add additional household members, click "Add Member" at the bottom of the page. When you have filled in all of the information for each of your household members, click "Save & Continue".

First Name		Last Name	
James		Doe	
Туре:		Birthday	
Household Member			
SSN:	Race:	Ethnicity:	Sex:
222-11-1333	White	Hispanic or Latino (Mexican, Mexic	Male
Primary Language:	Disabled?:	Work Status:	Marital Status?:
English	No	Child	
			REMOVE THIS MEMBER
		IS THERE ANOTHER MEMBER?	
		⊕ ADD MEMBER	

<u>Step 13</u>

Next, you will fill in Section 2 of the application. This section asks if you have received assistance through any other programs (for example: previous DEHAP assistance, a rental subsidy from the state or federal government, etc.) Check Yes is this applies to you or check No if you have not received assistance through any other program.



<u>Step 14</u>

Next, you will enter your Landlord's information. Check the box that says "I am a Renter." Then start typing your landlord's name (or property company name) in the box that says "To add/update your Landlord, search below". If your landlord has completed their registration, their name will appear in this box for you to select. If they have not registered, you can put in their information and they will receive a notification that you have started your DEHAP application.

Rental Information

✓	I am	a Renter	
	Lar Chang To add	dlord e Landlord / update your Landlord, search below.	
	Jess	ica Newark, DE	
		은 Name: Jessica Landlord ŵ Company: DEHAP Properties LLC	d.
Re		Dover, DE	
		A Name: Jessica Landiord Company: DEHAP Properties LLC	

<u>Step 15</u>

Next, you will check the box stating, "Do You Need Assistance for Your Rent?" and choose who in your household pays the rent bill. You will also state your eviction status using the drop-down under "My Eviction Status".



<u>Step 16</u>

On the next page, the portal will instruct you to enter the amount of monthly rent and fees due to your landlord. Please complete the chart by entering how much rent is due to your landlord each month, how much rent you have paid (if any) during those months, and any fees you owe your landlord. The total rent assistance requested at the bottom will adjust as you enter the amounts for each month. When complete, click "Save & Continue" in the bottom right of the screen.

Month*	Monthly Amount Due	Amount Paid by Tenant	Fees Due	Total Requested
Apr 2020		 		
May 2020		•		
Jun 2020		·		
Jul 2020			-	
Aug 2020			-	
Sep 2020			-	
Oct 2020			-	
Nov 2020			-	
Dec 2020			-	
🗹 Jan 2021	800	0	0	\$800.00
✓ Feb 2021	800	0	0	\$800.00
🗹 Mar 2021	800	0	q \$	\$800.00
Apr 2021				
- May 2021				
Jun 2021		-		

<u>Step 17</u>

Next, the portal will prompt you to certify a Duplication of Benefits agreement. The form should auto-fill your name, address, and rent assistance needed. Verify that this information is correct. Then you can type your first and last name in the box on the bottom left of the page and click "Save & Continue" in the bottom right corner.



<u>Step 18</u>

The next section of the portal will ask you to upload income documentation. There are two options for providing income documentation:

- 1) 2020 IRS tax returns, form 1040 or 1040A; or W-2s, *OR*
- 2) Documentation of all sources of current household income for the last 30 days. (Examples: pay stubs, bank statements, etc.)

Please note, calendar year 2020 income documented with 2020 Federal income tax returns is the preferred method of verifying income eligibility. If you choose option 2 and need more months of assistance in the future, you will need to provide this income information again.

If you had no income over the last 30 days, please choose "No Income" in the drop-down.

	Understanding Gross vs Net: Gross income is the amount you earn before deductions are subtracted for insurance, taxes, Medicare, fees etc. Net income is how much money is left after the deductions are subtracted. For this application, please enter your gross income for ALL income types.	
	Everyone Must Report Income the Same Way: If you select 1040 as your Proof of Income Type, all members of the household 18 and over with income must also use the 1040 Proof of Income Type. The same applies with the 60 days option.	
	If you select the 60 days option, then all members of the household 18 and over with income must use the 60 days Proof of Income Type.	
	For those 18 and over with no income, you must select the no income type and complete the questions that will appear.	
Jessica Doe		
Select Jessica's Proof of Income Type		
Last Year's 1040 (Pages 1 & 2 Only)	×	
Last Year's 1040 (Pages 1 & 2 Only) Last 30 Days of Income		
No Income Adjusted Gross Income		
\$ 0		
Upload Your Form 1040 from 2	020	
Download Your Copy of the 1040 Form	Here	
	Drop File Here or Click to Select a File	

<u>Step 19</u>

Next, you will complete the Self-Certification of Unemployment or Decreased Income and/or Increased Expenses and the Self-Certification of Risk of Homelessness or Housing Instability. Please read each option thoroughly and select the one(s) that apply to you and/or your household. Type your first and last name at the bottom of the screen as your signature and click "Save & Continue".

DEHAP Assistance Request	Related to COVID-19 Pa	andemic					
(To be completed by the Head of Household)							
SELF-CERTIFICATION OF (I) UNE	MPLOYMENT OR (II) DECRI	EASED INCOME AND/OR INCR	EASED EXPENSES:				
✓ I. Since March 13, 2020, a member	of my household qualifies for u	nemployment benefits					
Date Most Recently Unemployed:	Applied For Unemployment:	Unemployment Awarded:	Date Re-employed:				
m Mar 31, 2020	m Apr 3, 2020	m Apr 10, 2020	f Applicable				
🗹 II. Since March 13, 2020, a membe	r of my household has experien	ced (check all that apply):					
Experienced a reduction in house	nold income						
Incurred significant costs							
Experienced other financial hards	nip due directly or indirectly to the p	pandemic					
For applicants certifying to a hardship under	section II, please provide additional infor	mation explaining your hardship:					
lost my job because of covid	lost my job because of covid						
SELF-CERTIFICATION OF (III) RIS	SK OF HOMELESSNESS OR 3, 2020, at least one member of the house	HOUSING INSTABILITY: ehold can demonstrate a risk of experiencing h	A nonelessness or housing instability.				
III. A member of my household has as of the date of the application as faced a risk or eviction or lived in a DEHAP assistance under this eligit	experienced a risk of experienci long as it existed for any period n overcrowded situation betweer pility criteria.):	ing homelessness or housing instab of time since March 13, 2020. For e n March 13, 2020 and August 1, 202	illity. (The hardship does not need to exist xample, if one member of your household 20, your household would be eligible for				
The hardship includes (check all that apply)							
An eviction notice							
A past due utility or rent notice							
Monthly rent and utilities are more	than 30% of the household's mont	thly income					
Since March 13, 2020, one or more household members have experienced homelessness							

Step 20

The next three sections of the application will ask you to accept the Privacy Policy, the Terms & Conditions and the Third-Party Authorization. Please read each page carefully, type your first and last name in the bottom left corner as your signature and click "Save & Continue".

- O Applicant	Assistance	Ouplicative Benefits	- O Income	COVID-19 Hardship	Privacy Policy		Third-Party Authorization	O Package Submiss
Privacy Po	olicy							
Instructions:	any Deliny and been	this document for your second						
DSHA will n ACCOUNT User author providers in be subject	maintain information PRIVACY HAS BEE rizes DSHA and its A n order to further the to required public dis	submitted in accordance IN BREACHED THROUG filiates to release/exchar purposes of the DE HAP coosure as limited by law.	with its record rete in THE USE OF O age information from application and the and User consents	ntion policy, and applicat UR SITE, CONTACT US m user's records to third ; e program at DSHA's disc s to such use as may be	le state and federal I IMMEDIATELY AT D party contractors, mo retion. Information p equired by law	iaw. IF FOR ANY REASC IEHAP@destatehousing. nitoring agencies, compl rovided by User is subjec	N YOU BELIEVE T com Authorization t iance or audit revie t to required reporti	HAT YOUR to share info – ws, or service ing and may
Jessica Doe	10.0							
Jessica	a Doe							
Previous								Save & Continue

<u>Step 21</u>

Next, you will upload your Proof of Income documents, your Proof of ID/Residence, and your Signed Lease. (*If you had no income in the last 30 days, you will be prompted within the portal to complete a self-attestation that you had no income.*) When you have finished uploading your documents, click "Complete" in the bottom right corner. A window will pop up asking if you are sure you have completed everything correctly. If you are sure everything is correct, click "OK" to submit your application. You cannot make changes to the application after hitting submit.

Jpload Documents	
Proof Of Income Jessica Doo 1040 Pages 1 & 2	
CA HOLD blank-1616530176 pdf PROVENU Upleaded 0325/021	
	Signed Lease Jessica Doe
H144D blankh-f01E531310 pdf PREVEW Uptrained (825252)	lease-1616531376.docx
Please uplies your document(s) by dropping it here or by browsing and selecting it have.	Please upload your document(s) by dropping it here or by browsing and selecting it here.
Proof Of ID / Residence Jessica Doe	
Buttercup-1616531337 (pg)	Previous
Please upload your document(s) by dropping it here or by browsing and selecting it here.	

<u>Step 22</u>

When you click OK to submit your application, the portal will direct you to your Dashboard, where you should see a blue box saying, "This confirms Application Submitted". There is also a tab for Messages. This will be where you can view any messages from the DEHAP team regarding your application.

What happens after I apply?

The application will be reviewed. If additional documentation or information is needed from the tenant, you will get an automated email and/or text message (if you sign up for them) letting you know something is needed, and you can log in to see the message.

Once all information is complete, the system will contact the property manager to confirm the amounts due, that they wish to participate, and confirm their payment information. Both tenants and property managers will receive notifications when there are status changes and can log in to the portal to check the status at any time.

Instructions to Sign in to the Portal

If you get logged out of the portal and need to log back in, you can do so at this link: <u>https://dehap.applyforhope.com/delaware#/</u>. Click on the "Login" button at the top left of the portal. Enter your email address and the password you created when registering.



We're Here to Help.

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The DEHAP works to help renters get the assistance they need to avoid eviction. The DEHAP is administered by the Delaware State Housing Authority (DSHA).

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