



Programa de Asistencia Habitacional de Delaware
(Delaware Housing Assistance Program, DEHAP)

Manual para el inquilino

31 de marzo de 2021

Departamento de Vivienda del Estado de Delaware
18 The Green, Dover, DE 19901
1-866-935-0407



Manual sobre el DEHAP - Solicitud para el inquilino

El proceso de solicitud

Si el inquilino es quien presenta la solicitud, esta se estudiará y se preaprobará. En ese momento, se le enviará un aviso al arrendador para que se registre (o inicie sesión, si ya estaba anotado) y confirme la renta que se adeuda, cargue el W-9 (si no se subió aún) e ingrese la información sobre el pago.

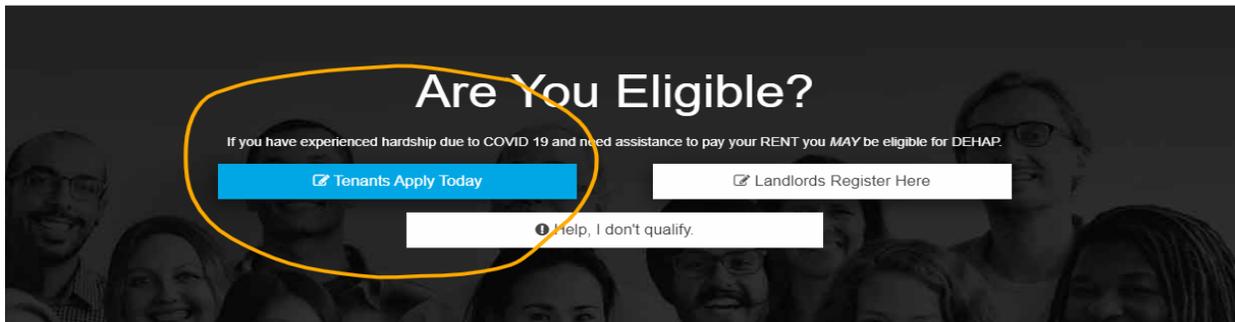
Por el contrario, si el arrendador es quien ingresa la solicitud, este deberá poner la información sobre la propiedad, la suma que se debe y los datos de contacto del inquilino. El sistema le enviará un aviso a la persona para que se registre y presente la información para la solicitud, como cargar documentación y completar varias certificaciones. Luego, se analizará el pedido para corroborar que cumple con los requisitos.

Paso 1

Para iniciar la solicitud para inquilinos del DEHAP, haga clic en “Tenants Apply Today” (Inquilinos soliciten la asistencia ya mismo) en la página de inicio del portal.



Home Login

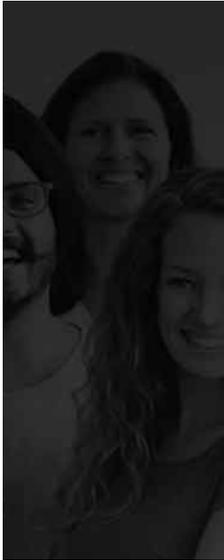


Having Trouble Paying Your Rent?
We're Here to Help.

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).

Paso 2

Ingresa al portal y se le harán varias preguntas para saber si puede llegar a cumplir con los requisitos para entrar en el programa. Para comenzar, haga clic en “Click Here to Prequalify” (Haga clic aquí para la precalificación).



Everyone must be prequalified before applying.

[Click Here to Prequalify](#)

Documentation Checklist

PLEASE BE PREPARED TO UPLOAD COPIES OF YOUR DOCUMENTS IN THE PRE-APPLICATION CHECKLIST. IT IS IMPORTANT TO CHECK THE LEGIBILITY OF YOUR PHOTOS AND/OR SCANS OTHERWISE IT CAN DELAY YOUR APPLICATION. TO PROCESS YOUR APPLICATION YOU MUST HAVE AN ACTIVE EMAIL ACCOUNT OR ACCESS TO TEXT MESSAGES TO RECEIVE NOTIFICATIONS (PROVIDER TEXT AND DATA FEES MAY APPLY). FUNDS ARE NOT GUARANTEED.

Paso 3

La primera pregunta que se le hace es si usted es el jefe de familia y reside en Delaware. Si cumple con ambas condiciones, haga clic en el casillero que aparece al lado de Yes (Sí). Se cargará la siguiente pregunta automáticamente.

Question 1:

I am an authorized representative for, or am the Head of Household who is a resident of Delaware?

Yes

No

Paso 4

La segunda pregunta que se le hace es si una o más personas que viven en la propiedad reunieron los requisitos para recibir beneficios por desempleo o tuvieron menos ingresos u otras dificultades económicas por la pandemia. Si la pandemia lo afectó a usted o a otra persona de la familia en lo financiero, marque Yes (Sí).

Question 3:

Has one or more individuals in your household qualified for unemployment OR experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic?

Yes

No

Prequalification Statements

1
CHANGE I am an authorized representative for, or am the Head of Household who is a resident of Delaware

2
CHANGE If aid is to be used to pay delinquent rent or utilities owed to my landlord, my first month of delinquency on or after April 1, 2020

NOTE: Knowingly submitting incorrect answers to prequalify constitutes fraud, and may be prosecuted to the fullest extent of the law.

Paso 5

En la tercera pregunta debe ingresar su dirección para confirmar que es residente de Delaware y para verificar si cumple con los requisitos sobre ingresos.

Question 4:

SEARCH FOR YOUR ADDRESS

STREET ADDRESS

STREET ADDRESS LINE 2

PROPERTY CITY

PROPERTY STATE

PROPERTY ZIP

PROPERTY COUNTY

Prequalification Statements

1
CHANGE I am an authorized representative for, or am the Head of Household who is a resident of Delaware

2
CHANGE If aid is to be used to pay delinquent rent or utilities owed to my landlord, my first month of delinquency on or after April 1, 2020

3
CHANGE One or more individuals in my household qualified for unemployment OR experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic

NOTE: Knowingly submitting incorrect answers to prequalify constitutes fraud, and may be prosecuted to the fullest extent of the law.

Paso 6

A continuación, se le mostrarán los límites de ingresos que debe tener para entrar en el programa, según el condado donde vive y el número de personas del núcleo familiar. Si los ingresos familiares son menores que los ingresos máximos antes de impuestos que aparecen, marque la opción Yes (Sí) que está debajo de la tabla.

Question 3:

SEARCH FOR YOUR ADDRESS

STREET ADDRESS 14 Rector Ct	STREET ADDRESS LINE 2 Street Address Line 2
PROPERTY CITY Wilmington	PROPERTY STATE Delaware
PROPERTY ZIP 19810	PROPERTY COUNTY New Castle

HOUSEHOLD SIZE	MAX PRE-TAX INCOME
1	\$54,150.00
2	\$61,830.00
3	\$69,600.00
4	\$77,300.00
5	\$83,500.00
6	\$89,700.00
7	\$95,900.00
8	\$102,050.00

Is your household's combined gross (before taxes and deductions) annual income for those, 18 years or older, less than or equal to the amount listed above for your eligible household size?

Yes

No

Prequalification Statements

1 CHANGE I am an authorized representative for, or am the Head of Household who is a resident of Delaware

2 CHANGE One or more individuals in my household qualified for unemployment OR experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic

NOTE: Knowingly submitting incorrect answers to prequalify constitutes fraud, and may be prosecuted to the fullest extent of the law.

Paso 7

En la siguiente pregunta debe responder si la familia está en riesgo de quedarse sin vivienda o tienen inestabilidad habitacional, como por ejemplo: les llegó un aviso por falta de pago de la renta o de desalojo o destinan más del 30 % de los ingresos que tienen para pagar la renta. Si la familia cumple con este requisito, marque Yes (Sí).

Question 5:

Is your household at risk of homelessness or experiencing housing instability, such as having a past due rent notice or eviction notice OR paying more than 30% of your household income for rent?

Yes

No

CANCEL PREQUALIFICATION

Prequalification Statements

1 CHANGE I am an authorized representative for, or am the Head of Household who is a resident of Delaware

2 CHANGE If aid is to be used to pay delinquent rent or utilities owed to my landlord, my first month of delinquency on or after April 1, 2020

3 CHANGE One or more individuals in my household qualified for unemployment OR experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic

4 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 of your household NOTE: Household size includes all residents of the home regardless of age.

Paso 8

En la próxima pregunta debe responder si contestó todas las preguntas que se le hicieron con la verdad. Si así fue, marque Yes (Sí). Esa es la última pregunta para precalificar.

Question 6:
Have you answered these questions truthfully to the best of your ability and knowledge under penalties of perjury?

Yes

No

Prequalification Statements

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2
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3
CHANGE One or more individuals in my household qualified for unemployment OR experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic.

4
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 of your household NOTE: Household size includes all residents of the home regardless of age.

Paso 9

Si respondió afirmativamente a todas las preguntas para precalificar, pasará a la siguiente pantalla. Ingrese sus datos si usted es el jefe de familia; si no lo es, ponga los datos de quien lo sea. Si hay más integrantes (hijos, padres que viven con usted, etc.), haga clic en “Add Household Member 2” (Agregar al segundo integrante de la familia) e ingrese los datos de la persona. **Deberá completar este paso con todos los integrantes del núcleo familiar.** Haga clic en “Register” (Registrarse). *(Tenga presente que no debe ingresar ningún número de Seguro Social).*

Congratulations!

Based on your answers, you have been prequalified. Please note that prequalifying does not guarantee approval for funding, but indicates that you may be eligible.

It is important to complete your application as soon as possible. Please enter the Head of Household's registration information, and then the names of each household member.

*Head of Household (HH):

First Name *	Last Name *
Jessica	Doe
Email *	Confirm Email *
socialmedia@destatehousing.com	socialmedia@destatehousing.com
Phone Number *	Phone Number *
(302) 739-4263	(302) 739-4263
Password *	Confirm Password *
*****	*****
Social Security Number	Confirm Social Security Number
111-22-2333	111-22-2333

Prequalification Statements

1
CHANGE I am an authorized representative for, or am the Head of Household who is a resident of Delaware.

2
CHANGE If aid is to be used to pay delinquent rent or utilities owed to my landlord, my first month of delinquency on or after April 1, 2020.

3
CHANGE One or more individuals in my household qualified for unemployment OR experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic.

4
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 of your household NOTE: Household size includes all residents of the home regardless of age.

Paso 10

Usted ya quedó registrado en el portal. Esta es la pantalla que verá con la confirmación. Haga clic en el casillero azul que dice “Begin Application” (Comenzar la solicitud) para dar inicio al pedido de DEHAP.

The screenshot shows the DEHAP Rental Assistance portal. At the top, there is a navigation bar with a home icon, 'Dashboard', 'Messages', and 'Logout'. Below this, the user's name 'Jessica Doe' is displayed. A table titled 'Jessica Doe's Applications' contains one entry with the following details:

Number	Program	Status	Explanation	Actions
1052	DEHAP	Incomplete	Your application has either not been submitted or is incomplete.	Begin Application

The 'Begin Application' button in the 'Actions' column is highlighted with a red circle.

Paso 11

A continuación, dará inicio a la solicitud de DEHAP. Comenzará con la Sección 1 - Información del solicitante. Complete sus datos de contacto (nombre, apellido, etc.). El gobierno federal pide que se ingrese la información demográfica; pero como es opcional, si no le incomoda, le sugerimos que lo haga.

The screenshot shows the 'DEHAP Section 1: Information of the applicant' form. At the top, there is a progress bar indicating 0% completion. Below the progress bar, there is a navigation menu with the following items: Applicant, Assistance, Duplicative Benefits, Income, COVID-19 Hardship, Privacy Policy, Terms & Conditions, Third-Party Authorization, and Package Submission. The 'Applicant' item is currently selected and highlighted in blue.

The form fields are as follows:

Primary Applicant

First Name: Last Name:

Birth Date: Race:

Ethnicity: Sex:

Primary Language: Disabled?:

Work Status: Marital Status?:

Household Size:

Paso 12

A continuación, se le pedirá que ingrese los datos de los demás integrantes del núcleo familiar. Para añadir a más personas, haga clic en “Add Member” (Agregar integrante), que parece en la parte inferior de la página. Una vez que haya completado toda la información de cada uno de ellos, haga clic en “Save & Continue” (Guardar y continuar).

Household Member 2

First Name James	Last Name Doe		
Type: Household Member	Birthday Oct 11, 2017		
SSN: 222-11-1333	Race: White	Ethnicity: Hispanic or Latino (Mexican, Mexica	Sex: Male
Primary Language: English	Disabled?: No	Work Status: Child	Marital Status?:

[✕REMOVE THIS MEMBER](#)

IS THERE ANOTHER MEMBER?

[+ ADD MEMBER](#)

[Save & Continue](#)

Paso 13

Ahora, deberá completar la sección 2 de la solicitud. Aquí se le pregunta si recibió asistencia de algún otro programa (como por ejemplo: ayuda de DEHAP en ocasiones anteriores, subsidios para el pago de la renta por parte del gobierno estatal o federal, etc.). Si es así, marque Yes (Sí) o No si no recibió asistencia.

DEHAP Section 2:

12% YOUR PROGRESS

Applicant Assistance Duplicative Benefits Income COVID-19 Hardship Privacy Policy Terms & Conditions Third-Party Authorization Package Submission

Have you received assistance through any other programs?

Yes
 No

Paso 14

A continuación, debe ingresar la información del arrendador. Marque el casillero “I am a Renter” (Soy arrendatario). En el casillero “To add/update your Landlord, search below” (Ingrese el nombre del arrendador para agregarlo o actualizarlo), empiece a escribir el nombre del arrendador. Si la persona completó la aplicación, aparecerá su nombre; selecciónelo. Si no se registró, usted puede ingresar los datos de la persona, a la cual se le enviará un aviso para informarle que usted dio inicio a la solicitud.

Rental Information

I am a Renter

Landlord
[Change Landlord](#)

To add / update your Landlord, search below.

Newark, DE

Name: Jessica Landlord
Company: DEHAP Properties LLC
18 The Green
Dover, DE

Name: Jessica Landlord
Company: DEHAP Properties LLC

Paso 15

A continuación, marque el casillero “Do You Need Assistance for Your Rent?” (¿Necesita ayuda para pagar la renta?) y elija quién de la familia paga el alquiler. Además, use el menú desplegable “My Eviction Status” (Mi situación de desalojo) para indicar en qué estado se encuentra con respecto a esa circunstancia.

Rent

Do You Need Assistance for Your Rent?

Who Pays This Bill?

Jessica Doe

My Eviction Status:

I Am Delinquent But I Have Not Received an Eviction Notice

Paso 16

En la siguiente página, se le pedirá que ingrese la cantidad mensual de la renta y los gastos que se le adeudan al arrendador. Complete la tabla: ponga cuánto debe pagarse por el alquiler al mes, cuánto pagó usted durante esos meses (si pagó algo) y demás gastos que se le adeuden al arrendador. A medida que vaya agregando las cantidades correspondientes a cada mes, el total de la asistencia solicitada para la renta que figura al final se irá actualizando. Una vez que la tabla esté completa, haga clic en “Save & Continue” (Guardar y continuar) que aparece en la esquina inferior derecha.

Do you receive a federal subsidy for rental assistance that can be adjusted due to changes in your income?

Yes No

Month*	Monthly Amount Due	Amount Paid by Tenant	Fees Due	Total Requested
<input type="checkbox"/> Apr 2020	-	-	-	-
<input type="checkbox"/> May 2020	-	-	-	-
<input type="checkbox"/> Jun 2020	-	-	-	-
<input type="checkbox"/> Jul 2020	-	-	-	-
<input type="checkbox"/> Aug 2020	-	-	-	-
<input type="checkbox"/> Sep 2020	-	-	-	-
<input type="checkbox"/> Oct 2020	-	-	-	-
<input type="checkbox"/> Nov 2020	-	-	-	-
<input type="checkbox"/> Dec 2020	-	-	-	-
<input checked="" type="checkbox"/> Jan 2021	<input type="text" value="800"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$800.00
<input checked="" type="checkbox"/> Feb 2021	<input type="text" value="800"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$800.00
<input checked="" type="checkbox"/> Mar 2021	<input type="text" value="800"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	\$800.00
<input type="checkbox"/> Apr 2021	-	-	-	-
<input type="checkbox"/> May 2021	-	-	-	-
<input type="checkbox"/> Jun 2021	-	-	-	-

*You may apply for 3 future months of assistance under this program.

Total Rent Assistance Requested: \$2,400.00

Paso 17

A continuación, se le pedirá que dé acuse de recibo del acuerdo sobre la duplicación de los beneficios. El formulario se completará automáticamente con su nombre, dirección y la cantidad de asistencia que necesita. Corrobore que los datos sean correctos. Luego, ingrese su nombre y apellido en el casillero que está en la parte inferior izquierda de la página y haga clic en “Save & Continue” (Guardar y continuar) que aparece en la esquina inferior derecha.

DEHAP Section 3:

23% YOUR PROGRESS

Applicant Assistance **Duplicative Benefits** Income COVID-19 Hardship Privacy Policy Terms & Conditions Third-Party Authorization Package Submission

We have completed this form for you using your previously submitted information. This form is required by our funder in order to provide you assistance. Please review the information and disclosures, and then with your agreement, sign it at the bottom. Thank you.

Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement

DEHAP Program (DEHAP) provides emergency assistance with rent and utility expenses and certain other expenses related to housing incurred due, directly or indirectly, to the Covid-19 outbreak to eligible renter households in its designated award area. This program is administered by the Delaware State Housing Authority (DSHA) and is funded either directly or indirectly through the US Department of the Treasury as part of Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (Section 501).

DSHA must implement procedures to prevent any Duplication of Benefits (DOB) as required by Section 501. With this form, an applicant for DEHAP assistance 1) outlines the DEHAP assistance requested; 2) identifies other duplicative assistance received or anticipated to be received; 3) states the DEHAP funding request; 4) certifies the accuracy of the information; and 5) agrees to repay any awarded DEHAP assistance that is duplicated.

Paso 18

En la siguiente sección del portal se le pedirá que cargue la documentación sobre los ingresos. Para ello, tiene dos opciones:

- 1) puede subir las declaraciones tributarias presentadas ante el IRS para el año 2020, ya sea el formulario 1040 o 1040A; o los W-2, O
- 2) puede cargar la documentación de todas las fuentes de ingresos que actualmente percibe la familia correspondiente a los últimos 30 días (por ejemplo: recibos de sueldo, estados de cuenta bancarios, etc.).

Tenga en cuenta que el método que prefiere utilizarse para constatar si se cumplen los criterios sobre los ingresos es mediante las declaraciones de impuestos federales del 2020 donde se documentan los ingresos correspondientes al año calendario 2020. Si elije la opción 2, y más adelante necesita más meses de asistencia, deberá volver a presentar la información sobre los ingresos.

Si en los últimos 30 días no tuvo ingresos, del menú desplegable elija la opción “No Income” (Sin ingresos).

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) ▾

Please Make a Selection...

Last Year's 1040 (Pages 1 & 2 Only)

Last 30 Days of Income

No Income

Adjusted Gross Income

\$ 0

Upload Your Form 1040 from 2020

[Download Your Copy of the 1040 Form Here](#)

Drop File Here or Click to Select a File!

Paso 19

A continuación, completará la certificación de desempleo o menores ingresos y/o mayores gastos y la certificación de riesgo de quedarse sin vivienda o inestabilidad habitacional. Lea cada opción detenidamente y seleccione la/s que le/s correspondan a usted y/o su familia. Para dar su firma, tipee su nombre y apellido al final de la pantalla y haga clic en “Save & Continue” (Guardar y continuar).

DEHAP Assistance Request Related to COVID-19 Pandemic

(To be completed by the Head of Household)

SELF-CERTIFICATION OF (I) UNEMPLOYMENT OR (II) DECREASED INCOME AND/OR INCREASED EXPENSES:

I. Since March 13, 2020, a member of my household qualifies for unemployment benefits

Date Most Recently Unemployed: Mar 31, 2020	Applied For Unemployment: Apr 3, 2020	Unemployment Awarded: Apr 10, 2020	Date Re-employed: If Applicable
--	--	---------------------------------------	------------------------------------

II. Since March 13, 2020, a member of my household has experienced (check all that apply):

- Experienced a reduction in household income
- Incurred significant costs
- Experienced other financial hardship due directly or indirectly to the pandemic

For applicants certifying to a hardship under section II, please provide additional information explaining your hardship:

lost my job because of covid

SELF-CERTIFICATION OF (III) RISK OF HOMELESSNESS OR HOUSING INSTABILITY:

The DEHAP Program requires that since March 13, 2020, at least one member of the household can demonstrate a risk of experiencing homelessness or housing instability.

III. A member of my household has experienced a risk of experiencing homelessness or housing instability. (The hardship does not need to exist as of the date of the application as long as it existed for any period of time since March 13, 2020. For example, if one member of your household faced a risk or eviction or lived in an overcrowded situation between March 13, 2020 and August 1, 2020, your household would be eligible for DEHAP assistance under this eligibility criteria.):

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 monthly income
- Since March 13, 2020, one or more household members have experienced homelessness

Paso 20

En las siguientes tres secciones de la solicitud, se le pedirá que acepte la política de privacidad, los términos y condiciones y la autorización para terceros. Lea las páginas con detenimiento, tipee su nombre y apellido en la parte inferior izquierda para dar su firma y haga clic en “Save & Continue” (Guardar y continuar).

Privacy Policy

Instructions
Read this Privacy Policy, and keep this document for your records.

DSHA will maintain information submitted in accordance with its record retention policy, and applicable state and federal law. IF FOR ANY REASON YOU BELIEVE THAT YOUR ACCOUNT PRIVACY HAS BEEN BREACHED THROUGH THE USE OF OUR SITE, CONTACT US IMMEDIATELY AT DEHAP@destatehousing.com. Authorization to share info – User authorizes DSHA and its Affiliates to release/exchange information from user's records to third party contractors, monitoring agencies, compliance or audit reviews, or service providers in order to further the purposes of the DE HAP application and the program at DSHA's discretion. Information provided by User is subject to required reporting and may be subject to required public disclosure as limited by law and User consents to such use as may be required by law.

Jessica Doe
 I Agree

Jessica Doe

Previous Save & Continue

Paso 21

A continuación, deberá cargar los documentos para constatar sus ingresos, la prueba de identificación o residencia y el contrato de alquiler firmado. *(Si en los últimos 30 días no tuvo ingresos, deberá completar una certificación en la que da fe de ello)*. Una vez cargados los documentos, haga clic en “Complete” (Completar) en la esquina inferior derecha. Aparecerá una ventana en la que se le preguntará si está seguro de que completó todo correctamente. Si está seguro, haga clic en “OK” para enviar la solicitud. Una vez enviada, no podrá hacer ningún cambio.

Upload Documents

■ Proof Of Income | Jessica Doe 1040 Pages 1 & 2

1040 blank-1616530176.pdf Uploaded 03/23/2021

1040 blank-1616531310.pdf Uploaded 03/23/2021

Please upload your document(s) by dropping it here or by browsing and selecting it here.

■ Signed Lease | Jessica Doe

lease-1616531376.docx Uploaded 03/23/2021

Please upload your document(s) by dropping it here or by browsing and selecting it here.

■ Proof Of ID / Residence | Jessica Doe

Hufferup-1616531331.jpg Uploaded 03/23/2021

Please upload your document(s) by dropping it here or by browsing and selecting it here.

Previous Complete

Paso 22

Después de hacer clic en OK, se lo llevará al tablero, donde verá un casillero azul que dice “This confirms Application Submitted” (“Con esto se confirma que se envió la solicitud). Además, verá que hay una pestaña para los mensajes (“Messages”); allí podrá leer los comunicados que le envíe el equipo de DEHAP sobre la solicitud.

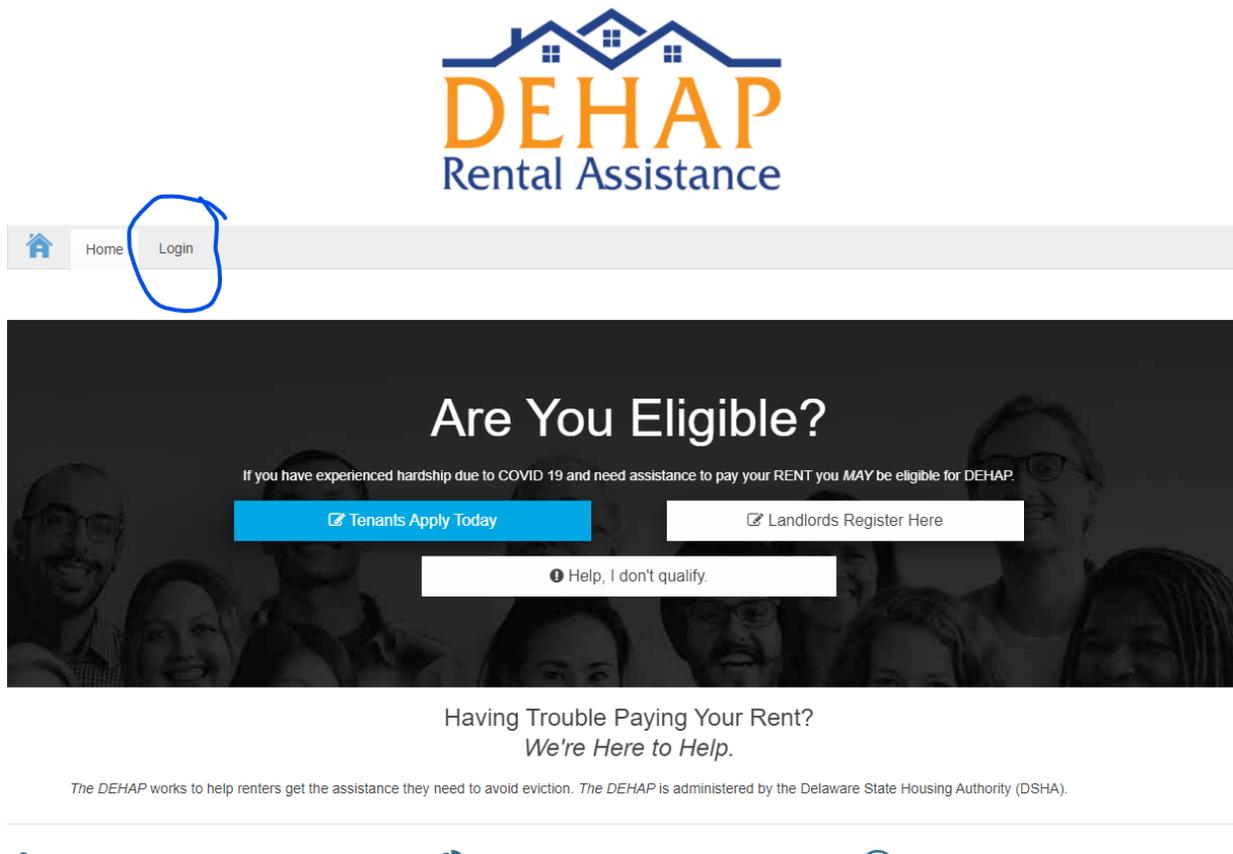
¿Qué ocurre una vez presentada la solicitud?

Se analizará el pedido y, si el inquilino debe presentar otros documentos o más información, se le enviará un correo electrónico o mensaje de texto automático (si eligió la opción) para avisarle. Cuando inicie sesión, podrá ver el mensaje.

Una vez que esté completa toda la información, el sistema se comunicará con el administrador de la propiedad para confirmar cuánto se adeuda, si quiere participar y cuál es la información para el pago. Cuando haya modificaciones en la situación de la solicitud, se les avisará tanto a los inquilinos como a los administradores, quienes podrán iniciar sesión en el portal en cualquier momento para ver dicha información.

Instrucciones para registrarse en el portal

Si se cierra la sesión en el portal y quiere volver a ingresar, utilice este enlace: <https://dehap.applyforhope.com/delaware#/>. Haga clic en el botón "Login" (Inicio de sesión) en la parte superior izquierda de la pantalla. Ingrese la dirección de correo electrónico y la contraseña que creó cuando se registró.



DEHAP
Rental Assistance

Home Login

Are You Eligible?

If you have experienced hardship due to COVID 19 and need assistance to pay your RENT you *MAY* be eligible for DEHAP.

Tenants Apply Today Landlords Register Here

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).