

COVID-19 Eviction Prevention Program

Application Form

The goal of the COVID-19 Eviction Prevention Program (Program) is to provide emergency payment of rent to prevent eviction and ensure housing stability for Low and Moderate Income (LMI) households financially impacted by job loss, furlough, or reduced hours as a result of the COVID-19 Pandemic.

The information you provide in this application will be used to determine if you are eligible to receive financial assistance. Please answer all questions to the best of your ability. Program staff are available to provide assistance if you need help completing this form.

GENERAL INFORMATION

Applicant	Co-Applicant
Name:	Name:
Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Other Multiracial	Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Other Multiracial
Age: Date of Birth:	Age: Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Home Phone: Work Phone: Mobile Phone: Email:	Home Phone: Work Phone: Mobile Phone: Email:
US Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT FINANCIAL CRISIS

My/our financial crisis is a direct result of the COVID-19 Pandemic for the following reason (s):

- A serious illness A delay in receiving approved benefits
- An unexpected job layoff, reduction in hours, or termination of employment
- An unexpected loss of daycare Other:

Please describe the nature of your crisis in detail. If additional space is needed, please use the other side of this page.

TYPE OF ASSISTANCE NEEDED

Rental	I have received a legal notice that I am going to be evicted. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Number of months behind in rent payments. \$_____ Total amount owed in back rent and late fees. \$_____ Regular monthly rent amount.
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EMPLOYMENT/INCOME INFORMATION

Applicant	Co-Applicant
Employment status: <input type="checkbox"/> Work full time <input type="checkbox"/> Laid off <input type="checkbox"/> Work part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other:	Employment status: <input type="checkbox"/> Work full time <input type="checkbox"/> Laid off <input type="checkbox"/> Work part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other:
Income: Annual Monthly Hourly Hours worked per week	Income: Annual Monthly Hourly Hours worked per week
Income source (list all): <input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other (describe):	Income source (list all): <input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other (describe):
If you are laid off or unemployed, for how long? <input type="checkbox"/> 1 – 4 weeks <input type="checkbox"/> 5 – 12 weeks <input type="checkbox"/> 13 – 26 weeks <input type="checkbox"/> 27 weeks or more	If you are laid off or unemployed, for how long? <input type="checkbox"/> 1 – 4 weeks <input type="checkbox"/> 5 – 12 weeks <input type="checkbox"/> 13 – 26 weeks <input type="checkbox"/> 27 weeks or more
If you are unemployed, describe your efforts to get another job:	If you are unemployed, describe your efforts to get another job:
List current/most recent employer: Company Name: Dates of employment: _____ to _____ Amount earned: Reason for leaving:	List current/most recent employer: Company Name: Dates of employment: _____ to _____ Amount earned: Reason for leaving:
Available Assets: <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Checking \$ _____ <input type="checkbox"/> Savings \$ _____ <input type="checkbox"/> Investment \$ _____	

HOUSEHOLD INFORMATION

Other people living in the household:

Name: _____ Date of Birth: _____ Age: _____ Monthly Income: _____

Name: _____ Date of Birth: _____ Age: _____ Monthly Income: _____

Name: _____ Date of Birth: _____ Age: _____ Monthly Income: _____

Name: _____ Date of Birth: _____ Age: _____ Monthly Income: _____

Name: _____ Date of Birth: _____ Age: _____ Monthly Income: _____

HOUSING INFORMATION

Address where you currently live:

Street:

City: _____ State: _____ Zip Code: _____ Dates: _____ to _____

Current mailing address (if different than above):

Street:

City: _____ State: _____ Zip Code: _____ Dates: _____ to _____

Previous address: (If less than 6 months at your current address)

Street:

City: _____ State: _____ Zip Code: _____ Dates: _____ to _____

What best describes your current housing arrangement:

- Rent my home/apartment/mobile home
- Live with relative or friends and being asked to leave
- Live in a mobile home and pay rent on the lot
- Live in a Hotel

Homeless

Have you ever lost your housing before? Yes No

If yes, please give the date(s) and reason(s):

Have you or another household member received rental assistance related to Coronavirus Pandemic from aaaaaaaaaaaaaa aaaaaaaaaaaaaaaaaaaaaa or other agencies in the past six (6) months? Yes No

If yes, please list the name of the agency/program, date(s), and reason(s):

NOTE: If you choose to complete this application before having a meeting with staff, you do not need to sign the application until you fully understand the program guidelines and expectations.

- Yes No I have been provided with information about the program and expectations.
- Yes No I understand that if my personal and/or financial circumstances change significantly, I must contact Program staff as soon as possible.
- Yes No I/we do hereby authorize Program staff to contact employers to verify my eligibility for participation in the program.
- Yes No I/we do hereby authorize Program staff to contact my/our landlord to verify my eligibility for participation in the program.
- Yes No I/we do hereby authorize Program staff to share information with affiliated agencies for the purpose of file review to verify program compliance.

By signing this document, I indicate that the information provided in this application is true and accurate; that I understand the requirements of the program; and that I agree to cooperate with Program staff. If I have willfully provided false information or choose not to cooperate with staff, I understand I will be terminated from the program immediately.

Applicant

Date

Co-Applicant

Date

Program Staff Member

Date