

**COVID-19 RELIEF PROGRAM
RENTAL ASSISTANCE APPLICATION**

Application Date: _____

Applicant Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

How long have you lived at this address? _____

Current Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Job Title: _____ Annual Income: _____

Dates of Employment: _____ Hours Per Week: _____

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Co-applicant Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Current Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Job Title: _____ Annual Income: _____

Dates of Employment: _____ Hours Per Week: _____

Landlord Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Monthly Contract Rent: \$ _____ **Amount of back rent owed:** _____

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Household Information

	Name	Age	Sex/Gender	Relationship to Applicant
1				
2				
3				
4				
5				
6				
7				

Please provide all income (including wages) for household members over the age of 18

Wages/Salary/Overtime/Bonus/Commission \$ _____ Name: _____

Wages/Salary/Overtime/Bonus/Commission \$ _____ Name: _____

Wages/Salary/Overtime/Bonus/Commission \$ _____ Name: _____

Unemployment Compensation \$ _____ Name: _____

Child Support or Alimony \$ _____ Name: _____

Self-Employment \$ _____ Name: _____

Social Security Benefits \$ _____ Name: _____

Pension or Disability Benefits \$ _____ Name: _____

Assets (Bank Account) \$ _____ Name: _____

Other (please describe below): \$ _____ Name: _____

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Please use the space below to explain how you were affected by Covid-19?

The information I/We have provided herein is accurate to the best of my/our knowledge. I/We understand that this application does not guarantee rental assistance and that any falsified information will result in repayment of the grant.

Applicant Signature X _____

Date _____

Co-Applicant Signature X _____

Date _____