



STAFF ONLY:
 Parcel ID: _____
 Applicant is Eligible: Yes No

Mark Lawson President/CEO
Chandra Mathews-Smith
 Board Chair

CARES Act Rental and Utility Relief Application

Please complete the information below to be considered for assistance; incomplete information will delay the application and may result in not receiving assistance. All information is required unless otherwise stated. Please provide required documentation to verify information as listed on page 4.

Head of Household Name: _____ **Date:** _____

Address: _____ **Phone:** _____
Street Unit City Zip

Date of Birth: _____ **Last 4 SSN:** _____ **Email:** _____

Ethnicity: check one
 Hispanic/Latino Non-Hispanic

Race: Check all that apply
 White / Caucasian Multi-Racial Asian
 Black / African American Hawaiian / Pacific Islander
 Native American /Alaskan Native Black/African American and White/Caucasian

Gender: check one
 Female Gender Non-Conforming **Female Head of Household**
 Male Other **Age 62+**

Household (please include all people living in your household):

Name	Relationship	Last 4 of SSN	Birth Date	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Head of Household Income:

Employer	Start Date	End Date	Job Title	Monthly
_____	_____	_____	_____	\$ _____.00 (A)
_____	_____	_____	_____	\$ _____.00 (B)

Unemployment	_____	Worker's Comp	_____
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Disability:		Retirement:	
Child Support:		Alimony:	
VA:		Self-Employment:	
TANF:		Other	
		Total:	\$ _____.00 (C)

Other Household Member Income:

Member:	Income Source	Amount
		(D)
		(E)
		(F)

Total Monthly Household Income: \$ _____.00 (A+B+C+D+E+F)

HUD Area Median Income (AMI) Charts for Hamilton County 2020 (circle which one applies to your household under number of members in household):

80% AMI

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
\$48,350	\$55,250	\$62,150	\$69,050	\$74,600	\$80,100	\$85,650	\$91,150

50% AMI

30,250	\$34,550	\$38,850	\$43,150	\$46,650	\$50,100	\$53,550	\$57,000
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30% AMI

\$18,150	\$20,750	\$23,350	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
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If you are receiving assistance with paying your bills and / or expenses from a non-household member, please list their name, address and phone number below.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Type	Amount owed or to cancel eviction	If rent, monthly rent amount (does not include, deposits, fees, etc.)	List Months	Company	Account #
<input type="checkbox"/> Rent					
<input type="checkbox"/> Water					
<input type="checkbox"/> Duke					

Landlord Contact:

Name:

Email:

Phone:

Property Manager Contact:

Name:

Email:

Phone:

Utility Contact (if applicable or needed) if applicable or needed for follow up):

Name:

Email:

Phone:

Documentation Needed:

- Photo ID
- Documented decrease of loss of income due to COVID -19 (unemployment letter, furlough letter, check stubs noting decrease in hours or wages, letter from employer showing reduction in hours or wages due to COVID-19, or other documentation)
- Proof of Income (30 days), if not included in documented decrease of loss of income
- Rent ledger/proof amount owed
- Landlord statement
- Utility bill and proof amount owed

Briefly explain how you were impacted by COVID-19 (job loss, furloughed, reduced hours, etc.), include date:

I hereby certify that I do not have the present ability to pay the past due rent or utilities and that the information on this form is complete and accurate to the best of my knowledge.

Customer Signature: _____ Date: _____

Staff Signature: _____ Date: _____