

# RENT ASSISTANCE APPLICATION

This form is used to apply for Rent Assistance funded by the U.S. Treasury Emergency Rental Assistance Program, which pays up to 15 months rent. To be eligible for this program, you must reside in Jefferson County, suffer financial hardship due to the COVID-19 pandemic, be at risk for housing instability, and have household income at or below 80% area median income.



<b>Appointment Location:</b>		
<b>Appointment Date:</b>		
<b>Name:</b>		
<b>Date of Birth:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Street Address:</b>		
<b>Zip code:</b>		
<b>Number of adults in household:</b>		<b>Number of children in household:</b> <span style="width: 15%;"></span>

## Identification Documentation Required

- Picture ID of all adult household members,
- Social Security Card(s) for each household member (or official document with Social Security Numbers) or proof of age if under 2 years or Permanent Residence card (Green Card); or self-declared undocumented person(s),

### **COVID-19 Certification of Financial Hardship**

My household has experienced the following changes due to COVID-19 pandemic (please check all that apply):

- (1) Job Loss
- Are you receiving unemployment benefits? Y \_\_\_ N \_\_\_
  - Have you been unemployed for 3 or more months? Y \_\_\_ N \_\_\_
- (2) Reduced Hours/Wages
- (3) Additional Expenses
- (4) Other negative impact \_\_\_\_\_ (describe)

*By signing below, I agree that I am applying on behalf of all my household's members for the Federally Funded Eviction Prevention Program. I understand that this application is not a guarantee that I or my household will receive any benefits. I acknowledge that I have read and comply with the Program Certifications (on page 5 and posted at the drop off site).*

*I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from consideration for participation in the assistance program and may be grounds for termination of assistance.*

*I hereby certify all information given on this declaration is true and correct, and that I have not knowingly withheld any fact or circumstances which would affect my recertification unfavorably. I hereby authorize inquiries to be made to verify information given in this declaration and for the Office of Resilience and Community Services, landlord or agent, and Ministries to share my information with each entity.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **To also apply for LG&E Utility Assistance (see program details on pg 5)**

*By signing below, I agree that I am applying on behalf of my household to the Metro Council Funded LG&E Assistance Program, and in addition to the same provisions as above, I authorize inquiries to be made to verify information in this declaration for the Office of Resilience and Community Services, LG&E, and Ministries to share my information with each entity.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LG&E Account Number:** \_\_\_\_\_

## HOUSEHOLD INCOME PROFILE

Complete one of the boxes on this page: Annual Income, Monthly Income, or Zero Income.  
Supporting documents are required unless household had zero income.

**2020 Adjusted Gross Income total for all adults in my household was \_\_\_\_\_**

*AGI is line 11 on Form 1040 and 1040-SR for tax year 2020*

**Attach 2020 Federal Tax Return for all adults in the household as proof of income.**

**OR**

**My household income for the prior 2 MONTHS included (complete all that apply)**

Type of Income:	Month 1	Month 2
Employment Gross Income	\$ _____	\$ _____
Social Security, SSI, or SSDI	\$ _____	\$ _____

***Evidence for each of the above is required (i.e. pay stubs for the prior 2 months or award letter).***

*For employment income with no available documentation, such as self-employment or income from a closed business, please use the Self-Attestation Income Form (available at the drop box and online) to declare.*

**OR**

**If household had zero income, complete box below:**

*I am certifying that my household has **ZERO** employment or Social Security income for **the two months prior** to my appointment date. This includes wages, salaries, tips, etc. and Social Security, SSI, or SSDI for **ALL** household members other than minors and adult children still in high school.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## HOUSEHOLD PROFILE

(COMPLETE COLUMN FOR **EACH HOUSEHOLD MEMBER**) – use additional pages if needed

<b>HOUSEHOLD MEMBER NAME:</b>			
<b>DATE OF BIRTH:</b>			
<b>RELATIONSHIP:</b>	SELF		
<b>GENDER:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
<b>ETHNICITY:</b>	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC
<b>RACE:</b>	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> OTHER	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> OTHER	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> OTHER
<b>EMPLOYMENT:</b>	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)
<b>EDUCATION: (HIGHEST COMPLETED)</b>	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL
<b>MEDICAL INSURANCE:</b>	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE
<b>MILITARY STATUS:</b>	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED
<b>MARITAL STATUS:</b>	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER
<b>DISABILITY STATUS:</b>	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED
<b>PREFERRED LANGUAGE:</b>			
<b>ENGLISH PROFICIENCY:</b>			

Use additional page file if needed (hard copy provided at drop box location)

**RENT PROFILE**

**RENT DOCUMENTATION REQUIRED**

- Landlord/Tenant Agreement;
- Copy of Lease (or rental agreement portion of Landlord/Tenant Agreement if no lease); and
  - Landlord form W-9 (if not already in our rent assistance system).

**Landlord/Tenant Agreement**

This form is available at the drop box location and the Neighborhood Place website: [louisvilleky.gov/neighborhoodplace](http://louisvilleky.gov/neighborhoodplace) (under COVID Assistance Programs, Rent)

\_\_\_\_\_ *I am including the Landlord/Tenant Agreement, completed, and signed by both parties.*

**Lease Agreement**

\_\_\_\_\_ *I am including a copy of my most recent lease.*

**OR**

\_\_\_\_\_ *I do not have a written lease available. My landlord and I have completed the rental agreement portion of the Landlord/Tenant Agreement form (page 3).*

Note: To be eligible for future rent, tenant must have a lease or month to month agreement in place for that period.

**Landlord Form W9**

This form may contain sensitive personal information that the landlord would like to provide to us directly. If the landlord is submitting the W9 themselves, please indicate and provide the landlord's email address so we can forward a copy of the form to them. Check one of the options below.

\_\_\_\_\_ *I am including the Landlord W9*

**OR**

\_\_\_\_\_ *My landlord would like Louisville Metro to obtain the W9 directly from them.*

Landlord name: \_\_\_\_\_ Landlord email: \_\_\_\_\_

**OR**

\_\_\_\_\_ *Landlord form W-9 is already on file in Louisville Metro RCS rent assistance system.*

*I understand that I am responsible for all required documents to be submitted. RCS will send a request for forms to the landlord email address provided to expedite the application process and provide the landlord a secure option to provide the form W-9. However, failure of the landlord to remit these documents may result in the applicant being denied assistance.*

\_\_\_\_\_  
Initial

**LG&E Utility Assistance Program (if also applying)**

Rent assistance applicants have the option to apply for the LG&E Utility Assistance Program simultaneously. To be eligible for this program, you must reside in Jefferson County, suffer financial hardship due to the COVID-19 pandemic, and must have a past-due balance or payment plan with LG&E, for charges from 3/16/20 to 3/31/21.

Households with gas/electric charges included in the rent are not eligible for this program.

**Louisville Metro Government Rent & Utility Assistance Programs Certifications**

- I certify to each of the following statements:
  - The information provided for the Application(s) is accurate.
  - I understand that the receipt of assistance from this Program(s) through misrepresentation is punishable by fine or imprisonment.
  - I understand that I can request of the Notice of Appeals from my case manager.
- **LG&E Utility Assistance and Rent Assistance: Eviction Prevention Program Phase II**
  - By signing the Application, I also agree to each of the following statements:
  - I authorize the Disclosure of Confidential Information among Data Recipients and am hereby requesting Disclosure in connection with this Application. The Data Recipients have a direct, tangible, legitimate interest in the Data Subjects and the sharing of records and Confidential Information is necessary in the performance of a legitimate government function.
  - I am authorized to give this consent on behalf of all the Data Subjects.
    - I am authorized to complete and submit this application, including submitting certain Confidential Information and providing a release, on behalf of all the Data Subjects.
  - Each Data Recipient is held harmless and is released from any claim, loss, demand, damage, and liability of any kind from each of the Data Subjects in connection with sharing of Confidential Information.
  - I authorize my Data Recipient to provide notification of any breach or suspected breach involving Confidential Information by e-mail. I will notify RCS if my e-mail address changes. I understand this is one possible method of notification and other method (s) of notification may be used.
  - I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from consideration for participation in the assistance program and may be grounds for termination of assistance.
  - I understand that additional information or forms may be required, depending on the circumstances of my case.
  - I hereby certify all information given on this declaration is true and correct, and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect my recertification unfavorably. I hereby authorize inquiries to be made to verify the information given in this declaration.

(APPLICANT SIGNATURE AND DATE ON PAGE 1)

**The 2020/2021 80% AMI Limits for the Louisville Metro area are:**

<b>FY 2020 Income Limit Category</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>Monthly Income Limit (80% AMI)</b>	\$3,616	\$4,133	\$4,650	\$5,166	\$5,583	\$5,995	\$6,408	\$6,820
<b>Annual Income Limit (80% AMI)</b>	\$43,400	\$49,600	\$55,800	\$62,000	\$67,000	\$71,950	\$76,900	\$81,850