

## RENT ASSISTANCE APPLICATION

This form is used to apply for Rent Assistance funded by the U.S. Treasury Emergency Rental Assistance Program.



<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: 10%;"></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):

- Job Loss
- Reduced Hours/Wages
- Additional Expenses
- 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 understand that additional information or forms may be required, depending on the circumstances of my case.*

*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 authorize the disclosure of confidential information among data recipients 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. 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 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. I understand that I can request of the Notice of Appeals from my case manager.*

**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).

## HOUSEHOLD INCOME

List ALL adult members of the household and their income for the prior *two months*.

Name of Household Member	No Income	Employment Earnings (Gross Amount)		Social Security, SSI, or SSDI per Month	Other Income	
		Month 1	Month 2		Month 1	Month 2
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$	\$	\$

*I certify all the information on this application is true and that all income is reported. I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may subject me to civil or criminal prosecution under state and federal law.*

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

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

## RENT DOCUMENTATION

**Copies of these documents are required along with this application:**

**Landlord/Tenant Agreement Form, completed and signed by both parties -**

This form is available at the drop box location and online at

<https://louisvilleky.gov/government/neighborhood-place/covid-assistance-programs>

with the Rent Assistance Program Forms;

**Lease** - If a written lease is not available, complete the rental agreement portion of the Landlord/Tenant Agreement (page 3);

**Most recent Past-Due rent notice**, if owed.

Rent assistance benefits from this program are paid directly to the Landlord, who must be the legal owner of the property. Rent is taxable income and, to issue payment, a copy of the Landlord's W9 must on file with Louisville Metro Government. Neighborhood Place will contact the Landlord to verify information pertaining to this application and to secure a copy of their form W9, if needed.