



202Assist - Rental Assistance Program

COVID-19 Tenant Based Rental Assistance – Tenant Application

Please answer all the questions on this form to the best of your ability. If a question does not apply, please write N/A

SUPPORTING DOCUMENTS

Supporting Documentation Checklist:

1. Evidence of income for every adult for the 60 days prior to application.
2. Evidence of loss of income per wage earner.
3. Self-certification for all income or emergency benefits received per wage earner.
4. Personal Identification (ID and birth certificate) for all household members.
5. Your most recent lease
6. Signed release of information Provided.

Provided: Yes No
 Provided: Yes No
 Provided: Yes No
 Provided: Yes No
 Provided: Yes No
 Provided: Yes No

If you are unable to provide any of the required documents, please explain why:

Applicant Full Name:	Application Date:
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Applicant Email:	Applicant Phone Number:
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Applicant Address:	Unit #
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City:	State:	Zip Code:	Ward #:
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Social Security Number:	D.O.B.	Married <input type="checkbox"/> Yes <input type="checkbox"/> No
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Describe why you need rental assistance:

Race of Applicant (Optional). Please check the options that apply: White Black/African American Asian
 American Indian/Alaskan Native Native Hawaiian/ Other Pacific Islander American Indian/Alaskan Native & White
 Asian & White Black/African American & White American Indian/Alaskan Native & Black/African American
 Other Multiracial Declined to answer

Ethnicity of Applicant (Optional). Please check options that apply: Hispanic/Latino Yes No Declined to answer

Household Description (Optional). Please check the options that apply:
 Single/ Non-elderly Elderly (62+ years) Single Parent Two Parent Other

HOUSEHOLD INFORMATION: List all members who reside in the unit and note their relationship to the applicant.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	Is this person disabled? (v)

RENTAL INFORMATION

Household Size (Number of persons residing in unit):

Unit Size: Efficiency One Bedroom Two Bedroom Three Bedroom



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Please provide a copy of your lease and information on current rent charged and owed: Lease Provided Yes No
Current Rent: How much of Back Rent do you owe?

Are you about to be evicted from your housing? Yes No If yes, please explain:

Have you received any Rental Assistance in the past 12 months? Yes No
If so, what type of assistance?

EMPLOYMENT INFORMATION

Did you lose income since March 13, 2020? Yes No If yes, are you eligible for unemployment? Yes No

Have you voluntarily left a job or refused to accept employment or training within the past 3 months?
 Yes No If yes, why?

MEMBER'S FULL NAME	SOURCE OF INCOME	EMPLOYER NAME	MONTHLY NET INCOME	ANNUAL AMOUNT	PAYMENT BASIS (WEEKLY/MONTHLY)

Annual gross income (total of all members)

May we contact your employers to verify employment? Yes No If no, why not?
Please provide a point of contact and contact information:

Have you lost income since March 13, 2020? Yes No
If yes, check all that apply: Furloughed Laid off Hours reduced Fired Business closed permanently Self-employment income reduced other (explain):

Are you eligible for unemployment? Yes No
Please explain how the health emergency has affected your ability to pay rent:

What was your gross annual income prior to March 13 2020?

BUILDING INFORMATION

Address: Zip Code: Ward:

Name of Building:

Type of building: Rental Co-op

Name of Property Owner/Management Company:

Phone Number: Email Address:

Name of Property Manager/Point of Contact:



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ASSET INFORMATION

List the type and source of household assets and provide the current cash value and the estimated annual income from each.

MEMBER'S FULL NAME	TYPE & SOURCE OF ASSET	CASH VALUE	ANNUAL INCOME FROM ASSET

APPLICATION CERTIFICATION (can be emailed by applicant)

I certify that the above information is true to my knowledge at the time of application.

Applicant Name:

Applicant Signature: _____

Date:

Authorization and Release

I _____ authorize Lydia's House in Southeast and/or program partners to: (a) generate my credit report to review my credit file for housing counseling in connection with my pursuit of rental assistance should it be deemed necessary by Lydia's House in Southeast and/or program partners. I authorize Lydia's House in Southeast (LH) and/or program partners to: (c) report and share statistical and demographic information from my file with its representatives and program partners as deemed necessary.

Applicant Name:

Applicant Signature: _____

Date:

Applicant indicates that he/she is unable to submit a signed document because of lack of necessary technology. Information in this application was reviewed with applicant and orally confirmed by program staff:

Program Staff Name:

Staff Signature: _____

Date:

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless so permitted.

Email Completed form to LHAdmin@lhndc.org and attach Rental Assistance Application

The subject line for the email should be titled – "202Assist – Last Name – 2021234567" (phone number)