



## Rent Assistance – Application

### Eligibility:

We need to determine if you qualify for Rent and Utility Assistance. Answer all the question on this application. We will be asking for details about your household, income, landlord, rent and utilities along with supporting documentation. Submitting this application does not mean you will receive rental assistance. Once we have verified your income, rent and household information, we will determine your eligibility. The information you provide will be used for determining your eligibility for assistance under the Rent Assistance Program. We will not provide your information to third parties, except as needed to determine your eligibility for rent relief.

1. Are you renting your primary residence? Yes No
2. Are you receiving Section-8 or Rural Development rental assistance? Yes No
3. Are you currently living in public housing? Yes No
4. Has your household experienced a loss of income due to COVID-19? Yes No  
*(Total household income decrease could be due to a layoff, reduction in hours or loss of business. The cause must be related to the COVID-19 pandemic)*
5. Has your household experienced a financial hardship due to COVID-19? Yes No  
*(A hardship includes any significant costs or other financial hardship incurred due, directly or indirectly to COVID-19)*
6. Is your household experiencing housing instability? Yes No  
*(Answer yes if you have a past due utility bill, rent statement, eviction notice or can produce other evidence of risk of homelessness.)*
7. Do you or any member of your household qualify for unemployment? Yes No  
*(Does anyone in your household qualify for unemployment benefits?)*
8. Number of People in your Household. \_\_\_\_\_  
*(The number of people in your household in includes all adults listed on your lease, all children living in the rental more than 50% of the time, and any foster children or adults. Do not include live-in aides. Do not include unborn children.)*
9. Current Total Monthly Gross Household Income \_\_\_\_\_  
*(Enter the total of all household income sources, including but not limited to: wages, business income, social security or pensions, interest on savings accounts, TANF (welfare), unemployment benefits and any other periodic payments or gifts from any source.)*

### Contact Information:

Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number/ITIN: \_\_\_\_\_  Check if you don't have a SSN/ITIN  
 Phone Type: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Demographics:

What is your Gender? \_\_\_\_\_ Are you currently unemployed? Yes No If yes, what is the date of unemployment? \_\_\_\_\_  
 Are you Disabled? Yes No Are you Hispanic or Latino: Yes No What is your Race: \_\_\_\_\_  
 Have you served in the US Military? Yes No





**Household Member Information:**

We need to know about everyone living in the unit except live-in aides. This includes all adults listed on the lease or rental agreement, children living in the unit more than 50% of the time and any foster children or adults living in the rental. Do not include unborn children.

Name	Date of Birth	Gender	Hispanic or Latino	Race	SSN/ITIN	Check here if no SSN/ITIN
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>

**Income Information:**

Tell us about all sources of income for the household. All amounts should be monthly.

Household Member who receives this income	Source of Income	Gross Monthly Amount (before taxes)

**Rental Information:**

# of Bedrooms (for efficiencies, studio, or single room occupancy units, enter zero): \_\_\_\_\_ Lease Start Date: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Amount of Past Due Rent (only enter past due amounts after 3/13/20): \_\_\_\_\_ # of Months Past Due (do not count months prior to 3/13/20): \_\_\_\_\_

**Landlord Information:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Utility Information:**

If you do not pay for utilities check here

Utility Type	Total Amount Due	Past Due Amount	Months Past due	Date of most current bill





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**Additional Services:**

Are you interested in additional housing stability services beyond rent payments?

Yes  No

**Required Documents:**

- Valid government photo ID (*expired documents and utility bill with name and address are acceptable alternatives*)
- Provide a copy of your lease or rental agreement.
- If you have one, provide a copy of your most recent Past-Due rent statement.
- If you have one, provide a copy of your eviction notice.
- Income Verification (provide all that apply)

2020 Income Tax Returns	Last Three Paystubs	Wage Statement from your employer(s)	Social Security/Disability/Veteran Benefit Award Letter date within 120 days of application.	Pension Statement	TANF Passport to services
Workers Compensation Statement	Alimony and/or Child Support payments	Annual income derived from assets to which any member of the family has access	Last three military payments	Financial Aid Award Letter showing amount in excess of tuition	Unemployment and/or Disability Compensation Statement(s)

**Terms and Conditions:**

- My household qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID -19 and is now unable to pay rent.
- My household does not have sufficient savings or liquid assets to pay the rent bills.
- I, or any other persons in my household, will not apply for other rental assistance programs and have not received assistance for the months I am requesting rent and/or utility assistance.
- If eligible, I understand RH Community Builders may make payments to be applied to my rent. I understand that if have already received the benefit, I am not eligible for future payment.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize RH Community Builders to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a crime, and will subject me to criminal penalties and civil remedies. I am signing this form by electronically entering my name below or providing a wet signature.

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

**To submit your application, email this form and required documents to [erap@rhcbfresno.com](mailto:erap@rhcbfresno.com). Should you have any questions about your application, or if you need assistance completing this form, contact us at: 559-515-4700.**

