

Name: \_\_\_\_\_ Property: \_\_\_\_\_ Apt.# \_\_\_\_\_

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# Application for Financial Assistance

*Qualifying resident may only receive assistance twice, within a twelve month period  
(Maximum of one month's rent per application)*

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Today's Date \_\_\_\_\_

1. How long have you lived at this property? (Exact move in date) \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Resident must have lived at property & paid a FULL 6-months rent before applying – no exceptions*

a. When does your current lease expire? \_\_\_\_\_

*\*IMPORTANT: If expiring at the end of the month, you must renew your lease and attached first & last page of lease, to this application.*

2. What is the amount of your rent only? \$ \_\_\_\_\_

*(Exclude items such as garage, water, utilities, cable or any other items you pay for, in addition, to your rent.)*

3. Has your rent been "late" within the past 6 months? \_\_\_\_\_ In the past year? \_\_\_\_\_ Number of times? \_\_\_\_\_

4. How many family members reside in the apartment? Adults \_\_\_\_ Children \_\_\_\_

5. If you have children under the age of 18 living with, what are their ages? \_\_\_\_\_

6. Marital Status: Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

7. If single, do you have a roommate? \_\_\_\_Y / N\_\_\_\_ **(Roommate information must be included)**

8. What is your age? \_\_\_\_\_ Age of spouse/roommate? \_\_\_\_\_ **(Roommate/Spousal information must be included)**

9. What is or (was) your **annual** income? \$ \_\_\_\_\_ Spouse/Roommate \$ \_\_\_\_\_ **(Do not leave blank)**

10. What is the nature of your financial hardship? Dates are **required** below, in sections a, b, c & d.

**a) Job loss \*\***

Start Date? \_\_\_\_\_ Last day worked? \_\_\_\_\_ Full Time  Part Time  Contract/Temporary

Type of Job Loss: Layoff  Termination  Other  (explain at #20)

Are you collecting unemployment? \_\_\_\_\_ If "yes," how much per week? \$ \_\_\_\_\_

If "no," have you applied for unemployment? \_\_\_\_\_ When? \_\_\_\_\_

If you have started work again, what was the start date? \_\_\_\_\_

**\*\* JOB LOSS MUST HAVE OCCURRED WITHIN 4 MONTHS, OF APPLICATION DATE & INCLUDE SEPARATION NOTICE/ LETTER FROM EMPLOYER)**

**b) Hospitalization/Disability**

**\*\* Date Admitted \_\_\_\_\_ \*\*Date Discharged \_\_\_\_\_ *(documentation verifying these dates must be attached)***

If hospitalization, do you have insurance? Yes \_\_\_\_ No \_\_\_\_

Total monthly out of pocket expenses in medical bills, prescriptions, etc.? \$ \_\_\_\_\_

If disabled, what was the cause and are you on disability? \_\_\_\_\_

If so, how much are you receiving? \_\_\_\_\_

**\*\*HOSPITALIZATION MUST HAVE OCCURRED WITHIN THE LAST 4 MONTHS, OF APPLICATION DATE.**

**\*\*HOSPITALIZATION MUST HAVE BEEN A MINIMUM OF 3 CONSECUTIVE DAYS**

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**c) Death of an immediate family member *(Must be within the last 4 months):***

Date of passing \_\_\_\_\_

**d) Divorce or Separation from Spouse *(Must be within the past 3 months):***

Provide effective date(s) \_\_\_\_\_

Other? (Please Explain) \_\_\_\_\_

11. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

12. If not, are you searching for employment now? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

13. What is the name and telephone number of your last or current employer?

\_\_\_\_\_

14. Have you received assistance from another source during the past 6 months?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from what source did you receive the assistance?

Unified Housing Foundation (UHF) \_\_ Church \_\_ Relative \_\_ Friend \_\_ Other \_\_

Amount of Assistance \$ \_\_\_\_\_ What month? \_\_\_\_\_

15. Have you tried to borrow funds from a bank or other financial institution within the past 2 months? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \$ \_\_\_\_\_

16. Do you receive federal assistance *(Section 8, TANF, Food Stamps)*?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \$ \_\_\_\_\_

17. Have you **thoroughly** discussed your situation with your Apartment Manager? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Is your need a short term problem? Three months or less? Yes \_\_\_\_\_ No \_\_\_\_\_

19. If rental assistance is provided how much will you need? And for how long?  
Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

20. Please list other comments, or reasons for your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(All questions MUST be answered in order for your application to be accepted)**

**\*\*\*Documentation of hardship MUST be provided in order to substantiate your claim.\*\*\***

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*Please print*

### Manager's Recommendation

Recommend? Yes or No

Notes/Comments: (Please Print)

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Property Manager's Signature \_\_\_\_\_

*(Please sign & print name)*

\*\*\* Please indicate if there is a PAST DUE balance \$ \_\_\_\_\_ \*\*\*

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AREA BELOW TO BE COMPLETED BY AVP OF MANAGEMENT COMPANY

I have audited and approved this submission, for financial assistance

\_\_\_\_\_  
Signature of AVP

