

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 \_\_\_\_\_

- 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*
  - When does your current lease expire? \_\_\_\_\_  
*\*IMPORTANT: If expiring at the end of the month, you must renew your lease and attach first & last page of lease, to this application.*
- What is the amount of your rent only? \$ \_\_\_\_\_  
*(This amount should not include garage, pet fee, water, utilities, cable or any other extra add on items you are paying monthly for.)*
- Has your rent been late within the past 6 months? \_\_\_\_ In the past year? \_\_\_\_ Number of times? \_\_\_\_
- How many family members reside in the apartment? Adults \_\_\_\_ Children \_\_\_\_
- If you have children under the age of 18 living with, what are their ages? \_\_\_\_\_
- Marital Status: Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_
- If single, do you have a roommate? \_\_\_\_Y / N\_\_\_\_ **(Roommate information must be included)**
- What is your age? \_\_\_\_
- What is or (was) your **annual** income? \$ \_\_\_\_\_ Spouse/Roommate \$ \_\_\_\_\_ **(Do not leave blank)**
- What is the nature of your financial hardship? Dates are **required** below, in sections a, b, c & d.

a) **Job loss** \*\* (SEPARATION NOTICE/LETTER FROM EMPLOYER MUST BE ATTACHED )

Start Date? \_\_\_\_\_ Last day worked? \_\_\_\_\_ Full Time  Part Time

Type of Job Loss: Layoff  Termination  Resignation  Other  (explain at #19)

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**

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 (*Copy of Death Certificate required*):**

Date of passing \_\_\_\_\_ (*Must be within the last 4 months of application date*)

Relationship to applicant (check box) Spouse  Parent  Sibling  Child

**d) Divorce or Separation from Spouse with one or more child/children**

Provide effective date(s) \_\_\_\_\_ (*Must be within the past 3 months*):

11. Are you currently employed? Yes \_\_\_ No \_\_\_? If not, are you searching for employment now? Yes \_\_\_ No \_\_\_

If not, please explain why:

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

12. What is the name and telephone number of your last or current employer? \_\_\_\_\_

13. 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 \_\_\_ Other \_\_\_

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

14. Have you tried to borrow funds from a bank or other financial institution within the past 2 months?

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

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

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

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

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

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

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

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

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

**(All questions MUST be answered for your application to be accepted)**  
**\*\*\*Documentation of hardship MUST be provided to substantiate your claim.\*\*\***

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**Manager's Section**

Recommend? Yes  No

Notes/Comments: (Please Print)

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\*\*\* Please enter any PAST DUE balance \$\_\_\_\_\_\*\* (Excluding month applied for)

*IF THE RESIDENT IS RECEIVING A CHDO/UHF DISCOUNT PLEASE VERIFY THE RENT AMOUNT REQUESTED DOES NOT EXCEED THE EFFECTIVE UHF RENT.*

Property Manager's Signature

\_\_\_\_\_  
*(Please sign & print name)*

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I have audited and approved this submission for financial assistance. All information is current and correct.

\_\_\_\_\_  
Signature of AVP/VP