



BakerRipley
Community Developers

COVID19 Rental Assistance Program

Sample – Tenant Application – 5 Steps

1. The Tenant Applicant will verify the address of the Participating Landlord

Address Verification

Building/Property Name

The Neighborhood Apartments

Address

300 Clay St F11ST

I confirm this is the address where I currently live and that I pay rent at this location to this Landlord through a lease or contract.

What type of unit do you live in? *

- Single family
- Mobile home
- Multi-family (including apartment complex or duplex)
- Condo

NOTE - If Applicable - Rental Agreement or Account Number

2. The Tenant Applicant will enter information about themselves and upload photo ID OR Utility Bill

Applicant Information

Note: The individual listed as Applicant must be on the lease/agreement with the Landlord.

First Name *

Last Name *

Primary Phone Number *

Primary Phone Type *

Mobile Home

Secondary Phone Number

Secondary Phone Type

Mobile Home

Email

Secondary Email (optional)

Which of the following will you be using to verify your identification? (select one) *

Photo identification (Can be any photo ID with your name and photo. Examples include school ID, drivers license, passport, visa, work ID);

OR

Utility bill in your name (gas, water, electric, cable, phone, internet)

Please upload a copy of your photo ID **OR** utility bill *

Choose File No file chosen

3. The Tenant Applicant will enter information on the amounts due for rent.

Rent Subsidy Request Information

I am behind on rent payment for (check all that apply):*

April 2020

May 2020

How much do you owe in rent for April 2020? *

How much do you owe in rent for May 2020? *

4. The Tenant Applicant will enter the basis for their eligibility.

Eligibility

To be eligible for this program you must either be eligible for and receiving one of the benefit programs listed below **OR** be under 80% of the Area Median Income.

Are you eligible for and receiving any of the following social services benefit programs? *

- Medicaid
- Public Housing Assistance (Houston Housing Authority)
- Harris Health Gold Card
- Supplemental Nutrition Assistance Program
- Temporary Assistance for Needy Families
- Supplemental Security Income
- Head Start or Early Head Start
- National School Lunch Program (NSLP) (for my school-age children)
- Women, Infant, and Children Program (WIC)
- Federal Pell Grant (if a student)
- VA Pension or Disability
- None

AMI Eligibility

Annual Household Income Limit

What is the total number of people in the household *

Please select... ▼

Please include the Primary Household Member

Household Monthly Income Limit

\$ 0

Was the monthly household income in February 2020 less than the amount shown above? *

- Yes
- No

5. The Tenant Applicant will complete certifications and electronic signature.

Certification

You must check ALL of the following in order to successfully submit this application.

I certify that all of the information and acknowledgements listed above and below are true and I understand that if I provide false information I will be required to return all money provided through this program and I may be subject to further legal action.

I certify that I am currently residing in the Apartment complex and Apartment number identified above and that I have rent due for amounts I have requested for the months of April and/or May 2020.

I certify that I have uploaded an electronic copy of the required documents - a photo ID OR a utility bill with the applicants name and the address of the rental property/unit.

I certify that except for the balance of April and/or May rent that I owe, I am in good standing without any current defaults (monetary or nonmonetary) with my landlord.

I certify that I am currently living at this property, that I owe the amount of rent I noted above, and that I am at this property for residential purposes (assistance is not available for commercial rents.)

I certify that I qualify for this program because my inability to pay **rent** is directly related to **a financial hardship resulting from the economic impact of COVID-19**. Select the option which best describes your situation. *

- I experienced a loss of job (was laid off or furloughed)
- I experienced a reduction in wages (because my hours were reduced)
- I experienced a reduction in business income (self-employed)
- I experienced a loss of wages/income because I was confirmed for COVID-19 or am in a high health risk category and was unable to work

I certify that I qualify for Rental Assistance through this program because *

- I am eligible for and receive social services program benefits including Medicaid, Public Housing Assistance, Harris Health Gold Card, SNAP, TANF, SSI, Head Start or Early Head Start, NSLP, WIC, Federal Pell Grant, VA Pension or Disability
- my Household Monthly income in February was below 80% of AMI