



Joint Landlord - Tenant Application

THIS PAGE TO BE COMPLETED BY LANDLORD

Rental Location Information

Landlord Rental Property Location Number (PLN):	
Property Name (if applicable):	
Address of Rental Property:	City, State, Zip of Rental Property:
Name or Landlord Representative:	Phone # of Landlord Representative
E-Mail of Landlord Representative:	2 nd Phone # of Landlord Representative:

Tenant and Unit Information

*The name of the Tenant must match the individual on the lease/agreement

First Name of Tenant*:	Middle Initial:	Last Name of Tenant:
Type of Rental Unit (check one): _Single Family _ Multi Family (Including Apartment Complex) _Mobile Home _Condo		
Apartment or Unit Number:	Account/Invoice Number (if applicable)	

Amount of Rent Due from the Tenant

Rent Period 1 (MM/YY)	Monthly Rent Amount:	Balance of Rent DUE:	Rent Period 4 (MM/YY)	Monthly Rent Amount:	Balance of Rent DUE:
Rent Period 2 (MM/YY)	Monthly Rent Amount:	Balance of Rent DUE:	Rent Period 5 (MM/YY)	Monthly Rent Amount:	Balance of Rent DUE:
Rent Period 3 (MM/YY)	Monthly Rent Amount:	Balance of Rent DUE:	Rent Period 6 (MM/YY)	Monthly Rent Amount:	Balance of Rent DUE:
\$		Total Balance or Rent Due			

Note: Balance due may not exceed monthly rent amount unless lease agreement includes provisional costs. If tenant is responsible for paying utilities separately from amount in lease agreement and not paying may result in an eviction, a statement supporting utility charges requested must be attached to the lease agreement.

Landlord Certifications and Signature

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Print Name – Landlord Authorized Representative

Signature & Date

Tenant information in next page



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THIS PAGE TO BE COMPLETED BY TENANT

Tenant Applicant Information

First Name of Tenant:	Last Name of Tenant:
Home Phone Number of Tenant:	Cell Phone Number of Tenant:
Email of Tenant:	2 nd Email of Tenant:
The following information are required as verification of your application: 1. Proof of Identification: Photo ID 2. Proof of Residence: Lease Agreement with tenant name, address, monthly rent amount, provisional costs, if any (Photo ID/Utility Bill not accepted) 3. Proof of Income for last 30 Days of every adult in the household – Provide any of the following: <ul style="list-style-type: none">• Current pay stub(s) from work or letter from employer indicating current monthly wages/salary• OR: If self-employed, current monthly financial statement• OR: If unemployed, current TWC unemployment check• OR: Child support, alimony, pension/retirement/annuity monthly award letter• OR: Proof of other income	
4. Economic Impact – Proof of income and/or employment loss directly related to COVID-19	

Tenant Eligibility Information

Gender of Tenant: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Non-Conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
of Members in the Household:
Monthly Income of the Household:
Financial Impact from COVID-19 – I qualify for assistance because my inability to pay rent is directly related to the following financial hardship – <input type="checkbox"/> loss of job <input type="checkbox"/> reduction in wages/hours at work <input type="checkbox"/> loss or reduction of business income (self-employed) <input type="checkbox"/> loss of wages/income because I was confined for COVID 19 <input type="checkbox"/> Etc.

Tenant Certifications and Signature

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

I attest that: (i) my inability to pay is due to financial hardship resulting from the economic impact of COVID-19; (ii) I do not have sufficient income or other resources to pay resident’s rent; and (iii) my expected income for the year 2020 is at or below of the Area Median Income (AMI), as shown in the table below:

Household size	Monthly income	Annual income
1 person	\$2,750	\$33,000
2 person	\$3,142	\$37,700
3 person	\$3,533	\$42,400
4 person	\$3,925	\$47,100
5 person	\$4,242	\$50,900
6 person	\$4,554	\$54,650
7 person	\$4,871	\$58,450
8 person	\$5,183	\$62,200

I, _____, attest that the above information is true and accurate and if I am eligible, I authorize the Agency to make payments to my Landlord on my behalf.

Print Name – Tenant Applicant

Signature & Date