

Name: _____ Property: _____ Apt.# _____



Financial Assistance Application

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.*

When does your current lease expire? _____

**IMPORTANT: If expiring at the end of the month you are requesting assistance, you must renew your lease*

2. What is the amount of 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? _____
5. Do you have children under the age of 18 living with you? Yes _____ No _____
If so, what are their ages? _____, _____, _____, _____, _____
6. Marital Status: Married? ____ Single? ____ Divorced? ____ Widowed? ____
7. If single, do you have a roommate _____ Roommate's annual income? \$_____
8. What is your age? _____ Age of spouse/roommate? _____
9. What is or (was) your **annual** income? \$_____ Spouse/Roommate \$_____
10. What is the nature of your financial hardship?
- a) Birth of a child** (Must be within the past 3 months): DOB _____
- b) Job loss** (Must be within the past 4 months):
Last day worked? _____ Was this a lay off? _____
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? _____
- c) Hospitalization/Disability** (Must be within the last 4 months/Must have stayed in hospital for 3 days or more): How long? _____
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? _____

Documentation of doctor's bills and hospitalization **MUST** be provided in order to substantiate your claim.

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

Date of passing _____

e) Divorce or Separation (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?
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)

