



EMERGENCY RENT & UTILITY ASSISTANCE PROGRAM APPLICATION FORM

Applicant / Head of Household Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ E-Mail: _____

The Emergency Rent & Utility Assistance Program serves eligible persons who, because of the COVID-19 emergency, now lack sufficient income or resources to pay rent and/or utilities. Please indicate what circumstance applies by checking the applicable box below:

- Required to be quarantined based on diagnosis of COVID-19.
- Required to self-quarantine based on a Directive of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.
- Over 65 or has any health condition that places him/her at enhanced risk for COVID-19.
- Suffered at least a 10% reduction of income from COVID-19, including:
 - Job loss;
 - Reduction in compensation;
 - Closure of place of employment;
 - Obligation to be absent from work to care for home-bound school-aged child; or
 - Other pertinent circumstances.

Explain or clarify your reduction of income (a minimum 10% reduction). If suffering a reduction of income due to reduced employment income, list the name(s) of employer or other source(s) of lost / reduced income:

Required Documentation: Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.

Explain the type and amount of assistance you are seeking (i.e. rental assistance, utility assistance, or both). We will require you to explore the utility assistance options listed on our website before providing utility assistance.

List any rental assistance that you currently receive such as a Housing Choice Voucher (Section 8) or other rental assistance. Also list any emergency rental assistance that you have applied for and/or have received.



HOUSEHOLD COMPOSITION

List all persons residing in your household:

HOUSEHOLD COMPOSITION				
HH #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)
HoH			Head of Household	
2				
3				
4				
5				
6				
7				
8				

List any household member(s) who live with you less than full time and explain: _____

HOUSEHOLD INCOME

List the GROSS (pre-tax) income for ALL household members ages 18 and older.

MONTHLY HOUSEHOLD INCOME				
HH #	(A) Employment or Wages (including overtime, bonuses, commissions & tips)	(B) Social Security, Retirement or Disability Benefits	(C) Unemployment, TANF or other Public Assistance	(D) Other Income
HoH				
TOTALS	\$	\$	\$	\$
Add totals from (A) through (D), above				TOTAL INCOME (E):
				\$

Required Documentation: Attach the last 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. If you are self-employed, please complete the Self-Employment Certification form. If you have zero income, please complete the Zero Income Certification form.

HOUSEHOLD ASSETS

The Emergency Rent & Utility Assistance Program is restricted to eligible households whose readily available assets (checking, saving etc.) do not exceed \$7,500. Readily available assets include, but are not limited to, the total of any monies in banks, credit unions, certificate of deposit and cash on hand for all members of the household.

HOUSEHOLD ASSETS				
HH #	(A) Checking Account(s)	(B) Savings Account(s)	(C) Money Market or CD (s)	(D) Cash or other liquid assets
HoH				
TOTALS	\$	\$	\$	\$
Add totals from (A) through (D), above				TOTAL AVAILABLE ASSETS (E):
				\$

By signing below, I/we certify that the above household asset information is complete and accurate to the best of my/our knowledge and that I/we have no other checking accounts, savings accounts, CD's, cash or other liquid assets .

HOUSEHOLD DEMOGRAPHICS	
Race	Ethnicity
<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Choose Not to Disclose
<input type="checkbox"/> Asian	Disability Status
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> One or more HH member(s) experiencing a disability
<input type="checkbox"/> Other	<input type="checkbox"/> Choose Not to Disclose
<input type="checkbox"/> Choose Not to Disclose	Senior / Elderly
	<input type="checkbox"/> One or more HH members age 62 or older
	<input type="checkbox"/> Choose Not to Disclose

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member (if applicable)

Date

INSTRUCTIONS:

Submit this application along with **all supporting documentation on the following page** to JROSALES@CPAHOUSING.ORG OR FAX TO 847-796-8060 OR MAIL / DROP OFF TO 800 S MILWAUKEE AVE, #201, LIBERTYVILLE, IL 60048





**EMERGENCY RENTAL & UTILITY ASSISTANCE PROGRAM
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Applicant / Head of Household Name: _____

Address: _____

City, State, Zip: _____

The Emergency Rent & Utility Assistance Program will remit rent payments on behalf of approved program recipients directly to the recipient’s landlord or property owner or, in the case of utility assistance, directly to the utility company. A complete application for rental assistance includes paperwork that must be completed and submitted by the applicant’s landlord or property owner. In signing this consent form, I am authorizing Community Partners for Affordable Housing (CPAH) to contact my landlord and/or property owner to request information, including but not limited to, rent and payment information and I hereby authorize my landlord to release such information. I also authorize CPAH to release my information to my landlord which is deemed necessary to complete my application and receive assistance from CPAH. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

Landlord/Property Manager Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Property Owner Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Monthly Rent Amount: \$ _____

In signing this consent form, I further authorize CPAH to disclose information about my Emergency Rental Assistance Program application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication.

I have read and understand by signing below, I certify that I am giving permission for CPAH to obtain or share information for emergency rent and utility assistance.

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member (if applicable)

Date



**EMERGENCY RENT & UTILITY ASSISTANCE
APPLICATION SUBMITTAL CHECKLIST**

- Emergency Rent & Utility Assistance Program Application Form with Release of Information**

- Documentation of COVID-19 Impact**
Notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.

- Income Documentation**
Last 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income.
 - Self-Employment Certification Form (if you are self-employed)
 - Zero Income Certification Form (if you have no income)

- Utility Statement (if seeking utility assistance)**

All Questions on the Application Are Complete

TO AVOID DELAYS IN PROCESSING YOUR APPLICATION, PLEASE ENSURE ALL QUESTIONS ARE ANSWERED.

PLEASE NOTE THAT ADDITIONAL INFORMATION OR DOCUMENTATION MAY BE REQUIRED TO VERIFY ELIGIBILITY FOR THE PROGRAM.