

# TENANT ASSISTANCE APPLICATION

## CONTACT INFORMATION

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1. What is your name? \_\_\_\_\_
2. What is your phone number? \_\_\_\_\_
3. What is your e-mail address? \_\_\_\_\_
4. What is the address of the leased property? (Street, Unit #, City, County and Zip) If you have already vacated the leased property, what is your current address? (Street, Unit #, City, County, and Zip)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL INFORMATION

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5. What is your social security number? \_\_\_\_\_
6. What is your date of birth? \_\_\_\_\_

*Example: January 7, 2019*

7. What is your race?

Mark only one.

- American Indian or Alaska Native
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Other

8. What is your ethnicity?

Mark only one.

- Hispanic/Latino
- Non-Hispanic/Latino

9. What gender do you identify as?

Mark only one.

- Male
- Female
- Transgender Female to Male
- Transgender Male to Female
- Non-Conforming

10. What is your annual income? \_\_\_\_\_

*Please email a copy of wage statement(s), unemployment benefit statement(s), or tax return(s) when you submit your application. Documentation is required.*

#### HOUSING/UTILITIES INFORMATION

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11. How many total people live in the household? \_\_\_\_\_

12. How many adults live in the household? \_\_\_\_\_

13. How many children live in the household? \_\_\_\_\_

14. Do you have a current lease?

- Yes

If yes, what is the expiration date of your current lease? \_\_\_\_\_

*Please email a copy of the lease and any documentation of payments pursuant to the lease when you submit your application. Documentation is required.*

- No

15. How much do you currently owe in past due rent arrearage accrued since March 31, 2020? \_\_\_\_\_

16. What is the name of your Landlord/Property Manager? \_\_\_\_\_

17. What is the contact information for your Landlord/Property Manager? \_\_\_\_\_

18. If applicable, what is your Court Case number? \_\_\_\_\_

*Please email a copy of your Magistrate Court Notice when you submit your application if applicable.*

19. Do you have past due utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

20. If yes, list the name and contact phone number of the utility company and how much you owe on all that apply. *(If you pay your utilities to your Landlord, put Landlord as the company name)*

a. Water: Amount \$ \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

b. Electricity: Amount \$ \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

c. Gas: Amount \$ \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

*Please email a copy of any past due and pending utility bills noted above when you submit your application.*

21. Has one or more individual within the household experienced any of the following conditions since March 31, 2020? Please check all that apply:

- Been Unemployed for more than 90 days.

- Qualified for unemployment benefits.
- Experienced a reduction in income directly or indirectly due to COVID-19.
- Incurred significant costs directly or indirectly due to COVID-19
- Experienced other financial hardships directly or indirectly due to COVID-19.
- None of the above apply.

*Please attach documentation of the unemployment (including date of termination and name of prior employer), approval for unemployment benefits, reduced income, and costs or other financial hardship if you have such documentation when you submit your application.*

22. Is one or more individual within in the household at risk of homelessness due to any of the following factors?

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Please check all that apply:

- Received a past due rent notice?
- Received a past due utility notice?
- Received an eviction notice?
- Lived in unsafe or unhealthy conditions?
- Experienced any other risk of homelessness?
- None of the above apply.

*Please attach any documentation of the of the above if you have such documentation that has not already been attached when you submit your application.*

23. Does your household currently receive rental assistance? If so, please list the sources of that assistance below. \_\_\_\_\_

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#### **DECLARATION**

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**Under the penalty of perjury, I declare the information provided in this application is true and correct to the best of my knowledge. I further state that my inability to pay rent occurred on or after March 13, 2020, as a result of COVID-19.**

#### **WAIVER**

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**I hereby acknowledge that this application for rent assistance in no way guarantees a resulting grant of assistance. I further acknowledge and agree that I voluntarily and freely submit this application recognizing that DeKalb County is not liable for the security of any personal information provided with this application and I waive any and all claims against DeKalb**

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**County, its officials and employees, known or unknown, resulting from or related in anyway to this application and any of the personal information included with this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please sign by typing your name and the date.*