**THE CITY OF FIRCREST**

# CITY OF FIRCREST RENTAL ASSISTANCE PROGRAM APPLICATION

Application for rental assistance for individuals or families for living units within the City of Fircrest. This program is funded by and allowed under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

**PLEASE PROVIDE ANY DOCUMENTATION REQUESTED WITH THIS APPLICATION.** Complete items 1-5 and the applicable sections on the **back of the application**.

_____         _____
APPLICANT                                         DATE

_____         _____
ADDRESS                                           PHONE NUMBER

_____         _____
LANDLORD NAME                                     LANDLORD PHONE NUMBER

## SECTION A:  DECLARATION OF LOW/NO INCOME AND HOUSEHOLD DESCRIPTION

Household's income for the **last three months**:  **Please provide documentation** for questions 1, 2 & 3.

1. The INCOME/BENEFITS from the following sources: Check all that apply
   ( ) SOCIAL SECURITY INSURANCE     ( ) UNEMPLOYMENT COMPENSATION
   ( ) SOCIAL SECURITY               ( ) EARNED
   ( ) VETERANS' ASSSISTANCE         ( ) OTHER
2. INCOME:      $_____     $_____     $_____
                 (1$^{st}$ Month)    (2$^{nd}$ Month)    (3$^{rd}$ Month)
3. HOUSEHOLD MEMBERS: Number living in home _____
   Check all that apply: ( ) Disabled   ( ) 60+
4. HOUSING STATUS:
   Lived at residence: _____Yrs _____Months

## SECTION B: CRISIS

5. CIRCUMSTANCES: **Check all that apply and provide supporting documentation**
   (__) Death of immediate family member due to COVID-19
   (__) Loss of job or income due to COVID-19
   (__) Sudden illness or injury due to COVID-19
   (__) Substantial loss of funds due to COVID-19
   (__) Severely disabled or ill household member due to COVID-19
   (__)  Other (Describe on back of form.)

**EXTENUATING CIRMCUMSTANCES: Please use the back of this application to provide an explanation for any areas checked.**

## SECTION C:  RENT/LEASE INFORMATION
RENT AMOUNT – LAST THREE MONTHS:  _____  _____  _____

From Page 1 #5.  Please give a **complete account** of the circumstances:  **Please provide supporting documentation.**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

By my signature below, I certify the following:

-   I have provided and reviewed the information on this application. This information is accurate to the best of my knowledge. I also give my permission for the City of Fircrest's Rental Assistance Program Representative to request/release necessary information that may result in my receiving benefits.
-   I hereby authorize my landlord to release billing information to the City of Fircrest's Rental Assistance Program Representative in order to process my application.
-   I understand that I may or may not receive assistance under this program and if assistance is provided, the payment will be made directly to my landlord on my behalf.

-   **I understand that my application is no guarantee of any assistance being awarded to me through this program.**

APPLICANT SIGNATURE_____ DATE _____

Submit completed form to:

City of Fircrest
Rental Assistance Program
115 Ramsdell Street
Fircrest, WA 98466


**SECTION D: RENTAL ASSISTANCE REVIEWER RECOMMENDATION:**
(__)      APPROVED: $_____
(__)      DISAPPROVED



REVIEWED BY:      _____
DATE:                  _____


AUTHORIZED BY:     _____
DATE:                  _____


IF FUNDED:
        PAYMENT DATE:                         _____
        PAYMENT CHECK NUMBER:           _____