

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 American Rescue Plan Act.

PLEASE PROVIDE ANY DOCUMENTATION REQUESTED WITH THIS APPLICATION. Complete items 1-5 and the applicable sections on the 2nd page of the application.

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APPLICANT DATE EMAIL ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING 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: $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

 (1st Month) (2nd Month) (3rd Month)

1. 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

 PAST DUE AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From Page 1 #5. Please give a complete account of the circumstances, including total amount of rent currently owed: Please provide supporting documentation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: UTILITY ASSISTANCE REVIEWER RECOMMENDATION:

(\_\_) APPROVED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\_\_) DISAPPROVED

REVIEWED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF FUNDED:

 PAYMENT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PAYMENT CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_