

EMERGENCY RENTAL ASSISTANCE PROGRAM MANUAL APPLICATION

PRIMARY APPLICANT INFORMATION

First Name*: _____ Middle Name: _____
 Last Name*: _____ Date of Birth*: _____
 Address Line 1*: _____
 Address Line 2: _____
 City*: _____ State*: _____ ZIP Code*: _____ County*: _____
 Phone Number*: _____ Email*: _____
 Preferred Method of Contact: Phone Email

PRIMARY APPLICANT DEMOGRAPHICS AND INCOME

What is your race? *
 American Indian Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

What is your ethnicity? * Hispanic or Latino Not Hispanic or Latino Choose not to respond

With which gender do you identify? * _____

Are you a veteran? * Yes No Choose not to respond

Do you have income? * Yes No

If you do not have income, have you been unemployed for more than 90 days? Yes No

ADD INCOME INFORMATION: Frequency: _____ Income: _____

RESIDENCE DETAILS

Do you rent your residence? * Yes No

Do you live in Section 8 or public housing or receive a Housing Choice Voucher, or Project-Based Rental Assistance? *
 Yes No

Do you live on tribal land? * Yes No

Has anyone in your household qualified for any kind of unemployment insurance benefits, including PUA, PEUC, extended benefits?* Yes No

Has anyone in your household had a significant increase in expenses (costs)? Yes No

Has anyone in your household had a financial hardship directly or indirectly related to the COVID-19 public health crisis? *
 Yes No

Is anyone in your household at risk of being homeless or having unstable housing? * Yes No

Do you live in unsafe or unhealthy conditions? * Yes No

Has anyone in your household received any rental or utility assistance since March 13, 2020? * Yes No

Who provided the assistance that was received? * _____

For which months did you receive assistance? * _____

Was the assistance for rent, utilities, or both? * _____

HOUSEHOLD COMPOSITION

How many people live in your household? * _____

Resident 1 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

Resident 2 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

Resident 3 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

Resident 4 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

Resident 5 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

Resident 6 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

Resident 7 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

Resident 8 – Basic Information

First Name*: _____ Last Name*: _____ Date of Birth*: _____

Race*: American Indian Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity*: Hispanic or Latino Not Hispanic or Latino Choose not to respond

Gender*: _____ Veteran*: Yes No Choose not to respond

Currently receiving income? * Yes No

RENTAL AND UTILITIES INFORMATION

What is the amount of your monthly rent? * _____ Do you owe back rent for any month? * Yes No
 How many months are you past due on rent? * _____ How much? * _____
 Have you received an eviction notice from your property manager/landlord? * Yes No
 Would you like to apply for future rent? * Yes No How many months? * _____
 Do you owe back utilities for any month? * Yes No

Utility	Provider Name	Account #	Months Past Due	Total Past Due Amount

Would you like to apply for future utility assistance? * Yes No

Utility	Provider Name	Account #	Average Bill Amount

LANDLORD INFORMATION

If approved, your subsidy is sent directly to your Landlord/Property Manager.

Company Name or Landlord's Full Name*: _____
 Business Address (No., Street)*: _____
 City*: _____ State*: _____ ZIP Code*: _____
 Business Email Address*: _____ Office Phone Number*: _____

DOCUMENTS TO INCLUDE

- Copy of your current lease or rental agreement
- Photo ID of primary applicant
- Income Documents (complete 2020 1040 tax document or 60 days' worth of paystubs)
- Proof of hardship (eviction notice, past due notice, no more than 30 days old)
- Electricity bill
- Gas bill
- Water, sewer, and garbage bill(s)
- Disconnection notice (if any)

Documentation of COVID-19 related financial hardship* (Note: You must provide at least one of the following)

- Termination Letter from your former employer
- Paystubs from enough pay cycles to substantiate a reduction in income
- Proof of your Unemployment Insurance or PUA application or weekly claim submittal
- Employer Letter stating change in hours, wage reduction or Notice of Furlough

AFFIRMATION

My name is _____ and I reside at _____

This is my primary residence. I state that I pay _____ in rent for my residence at _____

The name of the landlord/management company I pay my rent to is _____

I send my rent to _____

The landlord/management company's telephone number is _____.

I hereby state under the penalties provided by law that the statement provided above is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____

Please submit this form and all required documentation to:

Fax: (602) 612-8282 (preferred)

Or mail to:

Department of Economic Security
 Emergency Rental Assistance
 PO Box 19130
 Phoenix, AZ 85009-9998