

**EMERGENCY RENTAL ASSISTANCE PROGRAM MANUAL APPLICATION****Questions with a \* are required to be answered.**

If additional explanation or information is needed please add additional sheet.

**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 Choose not to respond  
 What is your ethnicity?\* Hispanic or Latino Not Hispanic or Latino Choose not to respond  
 As what gender do you identify?\* Female Male Choose not to respond  
 Are you a veteran?\* Yes No Choose not to respond  
 Do you have income?\* Yes No

**ADD INCOME INFORMATION:**

Frequency: Weekly Bi-weekly Twice a Month Monthly  
 How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

**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  
 Does anyone in your household receive unemployment insurance benefits?\* Yes No  
 Has anyone in your household had a significant increase in expenses (costs)? Yes No  
 Has anyone in your household been financially impacted by the COVID-19 public health crisis?\* Yes No  
 If yes, describe how you have been financially impacted by COVID-19?\*

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 2 – Basic Information

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

### Resident 3 – Basic Information

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

### Resident 4 – Basic Information

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

### Resident 5 – Basic Information

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

**Resident 6 – Basic Information**

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

**Resident 7 – Basic Information**

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

**Resident 8 – Basic Information**

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

**Resident 9 – Basic Information**

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

What is your race?\*      American Indian      Alaska Native      Asian      Black or African American  
                                  Native Hawaiian or Other Pacific Islander      White      Choose not to respond

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

Gender\*:      Female      Male      Choose not to respond

Veteran\*:      Yes      No      Choose not to respond

**ADD INCOME INFORMATION:** Currently receiving income?\*      Yes      No

Frequency:      Weekly      Bi-weekly      Twice a Month      Monthly

How much do you get paid each paycheck (before taxes and deductions)? \_\_\_\_\_

## RENTAL INFORMATION

What is the amount of your monthly rent?\* \_\_\_\_\_

Do you owe back rent for any month?\* Yes No *If yes, include any late fees you have incurred.*

Month/Year	Amount

How much do you owe?\* \_\_\_\_\_

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?\* \_\_\_\_\_

## LANDLORD INFORMATION

Company Name or Landlord's Full Name\*: \_\_\_\_\_

Business Address (No., Street)\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ ZIP Code\*: \_\_\_\_\_

Business Email Address\*: \_\_\_\_\_ Office Phone Number\*: \_\_\_\_\_

## ACH BANKING INFORMATION

**Please provide your bank account information.**

Account Number\*: \_\_\_\_\_ Confirm Account Number\*: \_\_\_\_\_

Routing Number (ACH Payments)\*: \_\_\_\_\_ Confirm Routing Number\*: \_\_\_\_\_

Name on Individual Account\*: \_\_\_\_\_

Type of Account\*: Checking Savings

## DOCUMENTS TO INCLUDE

Copy of your current lease or rental agreement

Photo ID of primary applicant (*required*)

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 (*if applicable*)

Gas bill (*if applicable*)

Water, sewer, and garbage bill(s) (*if applicable*)

Disconnection notice (*if any*)

**Documentation of COVID-19 related financial hardship\* (*if applicable*)**

Termination Letter from your former employer

Paystubs from enough pay cycles to substantiate a reduction in income

Proof of your Unemployment Insurance application or weekly claim submittal

Employer Letter stating change in hours, wage reduction or Notice of Furlough

**ATTESTATION**

I certify, under penalty of perjury, that all information submitted in this application is true and correct to the best of my knowledge. I further certify that all documents I have provided are genuine, and I have not intentionally withheld or altered any information that might be relevant to my eligibility for this program.

I also certify that I rent my residence, and I do not own it.

I acknowledge that if DES cannot provide funds to my landlord, I might receive rental assistance funds directly and I certify that I will use these funds only for the payment of my rent and any related rental fees or penalties that I owe. I understand that my use of rental assistance funds for any other purpose can result in criminal prosecution and might disqualify me for future assistance.

I authorize DES to share the information I have provided in this application as necessary to verify my eligibility for this program. I further authorize DES to provide my information to DES' partner organizations that may be able to provide further assistance with my rental bills.

I understand that DES may investigate and contact any sources necessary to review the accuracy of the information that pertains to my eligibility for this program. If I intentionally hide, alter, or provide false information in order to obtain ERAP benefits that I am not entitled to, I may be subject to criminal prosecution, fines, imprisonment, or other penalties provided for by state and federal laws.

I understand that if I receive funds under this program by mistake or that I, or my landlord, are no longer owed, I am required to return the funds.

I understand that I may not receive more than 18 months of total assistance. This includes any Emergency Rental Assistance Program funds that were distributed.

These authorizations remain effective for twelve months after the date of my signature.

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