

**ARIZONA DEPARTMENT OF  
ECONOMIC SECURITY  
Emergency Rental Assistance Program  
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\*:** \_\_\_\_\_

**See page 18 for EOE/ADA disclosures**

**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**

**With which 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?\***

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**For which months did you receive assistance?\***

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**Was the assistance for rent, utilities, or both?\*** \_\_\_\_\_

## **HOUSEHOLD COMPENSATION**

**How many people live in your household?\***

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### **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)? \_\_\_\_\_**

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

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

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

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

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

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

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**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?\***

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**Do you owe back rent for any month?\***

**Yes      No**

***If yes, include any late fees you have incurred.***

<b>Month/Year</b>	<b>Amount</b>

**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\*:**

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**Office Phone Number\*:** \_\_\_\_\_

## **ACH BANKING INFORMATION**

**Please provide your bank account information.**

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

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

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

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**Confirm Routing Number\*:**

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**Name on Individual Account\*:**

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**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 or PUA 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**

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**Equal Opportunity Employer / Program •  
Auxiliary aids and services are available  
upon request to individuals with disabilities  
• TTY/TDD Services 7-1-1 • Disponible en  
español en línea o en la oficina local.**