

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Emergency Rental Assistance Program
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

See page 17 for EOE/ADA disclosures

PRIMARY APPLICANT DEMOGRAPHICS AND INCOME

What is your race? *

American Indian

Black or African American

Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

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 COMPENSATION

How many people live in your household? *

Resident 1 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

Race*:

American Indian

Black or African American

Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

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**
- Black or African American**
- Alaska Native**
- Native Hawaiian or Other Pacific Islander**
- Asian**
- 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

Black or African American

Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

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

Black or African American

Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

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

Black or African American

Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

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**
- Black or African American**
- Alaska Native**
- Native Hawaiian or Other Pacific Islander**
- Asian**
- 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**
- Black or African American**
- Alaska Native**

Native Hawaiian or Other Pacific Islander
Asian
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
Black or African American
Alaska Native
Native Hawaiian or Other Pacific Islander
Asian
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 & 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

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local