Rental Assistance Application

Tenant Name:

Tenant Address:

Tenant Contact Number:

Household Size:

List names and age of everyone in household including yourself:

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship |
|  |  | **Self** |
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| --- | --- | --- |
| Assistance Requested | * Rent $
 | * Utilities $
 |

If you need rental assistance, please have landlord complete the following:

This is to notify you that unless the above rent is paid by (date):

you are subjected to eviction.

|  |
| --- |
| Landlord agrees to accept $ to guarantee that tenant may stay in the above residence for the next 30 days. |

Landlord Signature: Date:

By signing above, I certify that the above information was given by me as the landlord for the above listed tenant. I also certify that the above information is true and complete.

|  |
| --- |
| Make checks payable to (Landlord’s Name Printed): Physical Address of Landlord:Email Address of Landlord: |

If you need utility assistance, please provide a copy of your utility statements and or disconnect notices for utilities.

* I certify that the information completed in this application is true and correct to the best of my knowledge.

*I further understand that any false statements may result in denial of my application.*

Tenant Signature:

Date: