



City of Goshen CDBG-CV
Short-Term Rent Assistance Program
Program Application

Applicant:

Last Name _____ First Name _____ MI _____

Address _____

Phone # (_____) _____ Alt Phone # (_____) _____

Email _____ Unit Size (# bedrooms) _____

Within City limits? Yes No *Must be "Yes" in order to apply.

Do you rent? Yes No *Must be "Yes" in order to apply.

Income-Based Rent? Yes No *Must be "No" in order to apply.

Mobile Home? Yes No *Must be "No" in order to apply.

COVID-19:

To qualify for assistance, at least 1 member of your household must have been directly impacted by the COVID-19 pandemic in a way that has resulted in financial hardship. Documentation showing that the pandemic has negatively affected your household income is **required**. If you, or someone in your household, has or currently is experiencing financial hardship due to the COVID-19 pandemic but are unsure of what type of documentation is needed for verification, please ask for assistance from staff before your scheduled appointment.

Have you, or someone in your household, been directly affected by COVID-19 which has led to the household's present financial hardship? Yes No

If yes, please briefly describe how the household has been affected.

Assistance Requested: *Maximum assistance amounts apply.

Rent: \$ _____ [Signed, Current Lease Required]

No. of months past due and which months (max. 3 consecutive months)

 *This must be a *past due/owed* amount. Rent is not paid for the future.

What is your monthly rent amount? _____

Landlord Name & Complete Contact Information _____

Household Composition:

List EVERY member of the household, including yourself. Include the relationship of each member to the head of household.

Member Full Name	Relationship	DOB	Age	Gender (male/ female/ non- binary)	*Ethnicity [Not Hispanic or Latino; Hispanic or Latino; No answer]	*Race [White; Black/African- American; Asian; American Indian; Multi-Racial; Other -Please specify]
	Head					

*Indicates required information for HUD statistical reporting purposes.

Is any member of the household severely disabled? _____ If yes, please list which household members are severely disabled and their disability:

Financial Information:

Please list the gross average monthly income amount and source for EVERY household member. Source and/or third-party verification is required for any/all regular monthly income.

Member	Amount	Frequency [Weekly; Biweekly; Monthly]	Source [[Job, SSI/SSDI, Child Support, TANF, Unemployment, Other benefit-specify]	For Staff Use Only:	
				Documentation Provided?	Annual Amount:

For Staff Use: Total Household Annual Income: \$ _____ % AMI Range (Must not be greater than 80%) _____

Assets:

Bank Accounts- Must provide bank statement

- Checking Savings Other (e.g. IRA, trust, certificates of deposit)

Bank Name, Address & Phone _____

Employer Information:

Job 1:

Employer _____

Address and Phone # _____

Contact Person and title _____

Hourly wage \$ _____ Hours per week _____

Job 2* (if applicable or for another person in household over 18yrs):

Employer _____

Address and Phone # _____

Contact Person and title _____

Hourly wage \$ _____ Hours per week _____

*Attach additional forms if there are more than two employers applicable to this household.

Briefly describe the plan for improving the household's financial situation should assistance be granted.

Duplication of Benefits:

Have you, or any member of your household, received rent assistance within the last 12 months from any other agency? If yes, where, when and how much was provided?

Agency	Assistance Request	When	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Consent for Services, Policies & Authorization to Release Information:

The above information is true and complete to the best of my/our knowledge. I/We understand that falsifying any information or failing to disclose pertinent information with regard to my/this household's eligibility for assistance, I/we forfeit my/our eligibility for this program. This includes, but is not limited to, failing to disclose regular income or receiving a duplicate benefit from another source for the same expense.

By signing and submitting this application and choosing to move forward with establishing eligibility for this program, I/the household consents to and authorizes program staff to verify the above information through written, electronic and/or oral communication with my/our landlord, employer and/or other outside social service agency which provides emergency assistance. Communication will be limited to the purposes of establishing eligibility for rent assistance through this program and ensuring a duplication of services and funds has not occurred. With the exception of communication with the applicable parties as described above, specific identifying information and personal financial information will be kept confidential. HUD requires basic demographic information such as ethnicity, race and income level reported for all beneficiaries, but, otherwise, no personal information will be disclosed.

I/We understand that participation in this program is voluntary and subject to eligibility criteria and providing the required verification documentation. Assistance will not be granted without all requirements being met. I/We understand that I/listed household members can only request assistance for up to 3 consecutive calendar months during the life of the program or the maximum amount equal to 3 months' worth of assistance. Assistance is provided on a first come, first served basis, by appointment only until program funds are expended. I/We understand and agree to report any changes to my/our circumstances - financial or otherwise- during our eligibility period. Failure to report household changes can result in disqualification from program and repayment for funds dispersed. Furthermore, I/we understand and consent to the program policies and procedures. Application must be completed at the time of my/our appointment, and all verification documentation must be submitted at that time. If missing one or more pieces of required documentation, but otherwise demonstrating best efforts to participate and supply necessary information, I/we will have one (1) business day following the scheduled appointment to submit remaining required documentation. If required documentation is not submitted within one business day, my/our application will not be processed. Once all requirements have been met, verifying eligibility and application processing may take up to two (2) business days following the scheduled appointment and 14-21 days for payment to be sent to landlords and/or the utility company. It is my/our full responsibility to obtain and submit a completed application and all required verification documentation. The Community Development Specialist or City of Goshen is not responsible for incomplete applications, insufficient verification documentation or those that do not meet eligibility criteria. This program does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, physical appearance, age, sexual orientation, national origin,

citizenship, marital status, veteran status, political affiliation, disability, or household composition.

Head of Household/Primary Applicant:

Signed	Print Name	Date
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Additional Household Members (Over the age of 18yrs old)

Signed	Print Name	Date
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Signed	Print Name	Date
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Signed	Print Name	Date
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Signed	Print Name	Date
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Signed	Print Name	Date
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