

Emergency Rental Assistance Application

*Only referrals with **ALL** completed documentation will be considered for review*

*Forms must be completed in **FULL** with supporting documentation. Failure to do so will result in a*
VOIDED application

Please fill out the form, then read and sign on the back.

Have you had financial assistance in the last 90 days? Yes No

If Yes, What kind of assistance? _____

If you answered YES, STOP HERE

Required Documents

Proof of Income:

(SSI, Disability Award Letter, Pay Stub, Copy of Bank Statement or Verification of Income)

Copy of Rental Bill

Copy of **ALL EXPENSES** that may apply to your consideration:

(Rent, Mortgage, Medical Bills, Medication, Cable, Phone, Loans, Car Payments, Etc.)

Name: First _____ MI _____ Last _____

Date of Birth: _____ Last 4 digits of your Social Security #: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Phone Number: _____

Alternate Phone Number: _____ Landlord Tax I.D. #: _____

Landlord Phone Number: _____ Landlord Address: _____

Race: African American/Black Asian White/Caucasian Hispanic/Latinx Other _____

Ethnicity: Hispanic Non-Hispanic

Are you a U.S. Veteran? Yes No Are you Disabled? Yes No

Have you used Emergency Assistance Before? Yes No If so, what type? _____

Are you Currently Employed? Yes No If so, where? _____

How many People Live in your Household (including yourself)? _____

Do you share expenses with Anyone else Living at your Address? _____

Please Explain why your Rent is Past Due? _____

Please Explain in Detail how you will pay your Rent Next Month? _____

It is the policy of Helping Hands to respect the client's right to privacy. All information obtained during the client interview is confidential. However, in order to serve the client, certain information must be verified to determine eligibility. This information may also be shared in our data reporting. Any agency with which this information is shared must respect the client's privacy by maintaining information in a confidential manner.

I, _____, authorize Helping Hands to release and/or request information which is necessary for processing my application for assistance. It is understood that any information shared will be for the sole purpose of assisting me and will not be used for any other purpose. I certify that all information provided by me is true and accurate. I understand that any false information may forfeit consideration for any further assistance. I understand that this consent can be revoked by me at any given time prior to any action taken on my behalf in the processing of my application.

This consent form is good for one year from this date.

PLEASE PRINT FULL NAME: _____

Applicants Signature: _____ Date: _____

Case Manager's Signature: _____ Date: _____

Monthly Household Income and Expenses

<p>Social Security Income: Self: \$ _____ Spouse: \$ _____ Child: \$ _____</p> <p>Disability Income: Self: \$ _____ Spouse: \$ _____ Child: \$ _____</p> <p>Employment/Unemployment: Self: \$ _____ Spouse: \$ _____ Child: \$ _____</p> <p>Total of ALL INCOME \$ _____</p>	<p>Expenses: Mortgage/Rent: \$ _____ Electric: \$ _____ Natural Gas: \$ _____ Water/Trash: \$ _____ Phone: \$ _____ Cable: \$ _____ Internet: \$ _____ Medicine/Prescriptions: \$ _____ Car Payment: \$ _____ Car Insurance: \$ _____ Life Insurance: \$ _____ Child Care: \$ _____ Personal Loans: \$ _____ Credit Cards: \$ _____</p> <p>Total of ALL EXPENSES: \$ _____</p>
---	--

The Section BELOW is to be Completed by Helping Hands Case Manager.

Approved? Yes No If No, why? _____

NOTES: _____

HELPING HANDS HIGH POINT RENTAL ASSISTANCE APPLICATION

REQUIREMENTS:

- CURRENT I.D. (DRIVER'S LICENSE, I.D. CARD WITH PHOTO)
- COPY OF SOCIAL SECURITY CARD
- PROOF OF INCOME (SSI/DISABILITY AWARD LETTER, CURRENT PAY STUB, COPY OF BANK STATEMENT OR VERIFICATION OF INCOME)
- COPY OF CURRENT LEASE
- CURRENT SUPPORTING DOCUMENTS SHOWING MONTHLY EXPENSES (ALL MONTHLY BILLS)
- W-9 TAX ID FORM FROM YOUR LANDLORD
- PROVIDE THE ADDRESS OF WHERE THE CHECK NEEDS TO BE SENT.

**ONCE APPLICATION IS COMPLETE, ALLOW A MINIMUM
OF 24 BUSINESS HOURS TO PROCESS APPLICATION**

NOTE:

- NO CHECKS ARE WRITTEN TO CLIENTS SEEKING ASSISTANCE, ALL PAYMENTS ARE PAID DIRECTLY TO INVOICE
- PAYMENTS ARE ONLY MADE IN BENEFIT OF THE CLIENT SEEKING ASSISTANCE AND THAT CLIENT MUST BE THE RESPONSIBLE PARTY TO THE RENTAL INVOICE.
- ANY APPLICATION SUBMITTED WITHOUT ALL DOCUMENTATION WILL BE CONSIDERED INCOMPLETE AND DENIED

High Point, NC 27263
2301 S. Main St.
(336) 886-2327

Email: HelpingHandsClientAssistance@Gmail.com