|  |  |
| --- | --- |
|  | Covid-19 Rental Assistance Program Funded in part by Great Barrington and Lenox Affordable Housing Trusts |

# Application for Rent Assistance

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Mailing Address:(if different) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Property Information

|  |  |  |  |
| --- | --- | --- | --- |
| Landlord Name |   |  Method of payment: |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Mailing Address:(if different) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Household Members

Please list all members of your household as of April 1, 2020 and provide requested information. Documentation may be requested to verify provided information. Add additional members on the back.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Occupation/School: |  | Age: |  |
| Full Name: |  | Relationship: |  |
| Occupation/School: |  | Age: |  |
| Full Name: |  | Relationship: |  |
| Occupation/School: |  | Age: |  |

## Household Income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Income** | **Applicant** | **Member:** | **Member:** | **Member:** |
| Wages, Salary |  |  |  |  |
| Social Security |  |  |  |  |
| Other Pension |  |  |  |  |
| Interest/dividends |  |  |  |  |
| Business Profits |  |  |  |  |
| Capital Gains |  |  |  |  |
| Alimony |  |  |  |  |
| Child Support |  |  |  |  |
| Public Assistance |  |  |  |  |
| Unemployment |  |  |  |  |
| Disability |  |  |  |  |
| Federal Rebate |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| **Total Gross: members** |  |  |  |  |
| **Total Gross Income: Household** |  |  |  |  |
| **35% of Total** |  |  |  |  |
| **Rent Amount** |  |  |  |  |
| **Difference** |  |  |  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature of Household Adults

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |