



COVID-19 Emergency Shelter Grant Rental Assistance Program

This application is for use in determining eligibility for the City of West Memphis’ Short Term COVID 19 Rental Assistance Program. This program can assist with a portion of your household’s rent for up to 3 months.

General Eligibility Requirements

- Applicant must have been impacted by COVID 19 Pandemic
- Income must be below 50% of median income based on household size
- West Memphis resident
- Proof of rent arrearage

Program Income Limits

(Household Income includes all wages, unemployment benefits, child support, military benefits, and social security)

(All income is required to be reported)

1person	2 persons	3 persons	4 persons	5 persons	6 persons
\$23,800	\$27,200	\$30,600	\$33,950	\$36,700	\$39,400

For 8 or more contact Program Staff

If believe that you meet the criteria above, please continue completing and signing this application

- Any member of the household over 18 years of age and older **must** sign application and HUD Form as well as provide proper identification, and employment information.
- You **must** provide complete information regarding any employers, household members, and landlord information including phone numbers.
- You **must** complete the student affidavit for any members of the household 18 years of age or older who are attending college.
- You **must** have copies of social security and photo id of every member of the household 18 years of age or older.
- You **must** have a copy of your lease.
- Have your owner or managing agent sign the affidavit attached. Your landlord must agree to participate in this federal program.



Have you received assistance or received a commitment for assistance from any other source for the requested assistance? Yes No

If yes, be aware that you are not eligible to receive duplicate funding under this program.

REQUESTED ASSISTANCE: Rent Utility Both

APPLICANT'S NAME: _____ PHONE NUMBER: _____

CO-APPLICANT'S NAME: _____ PHONE NUMBER: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS (if different): _____

HOUSEHOLD/FAMILY INFORMATION

Please complete the following for ALL household members residing in the residence:

Full Name	Date of Birth	Relationship	Gender

CHARACTERISTICS OF HEAD OF HOUSEHOLD MEMBER:

Asian Black Hispanic Native American (Indian) White Other

MARITAL STATUS:

Divorced Married Separated Single Widowed

ESSENTIAL SERVICE PERSONNEL (please check one):

Medical personnel First Responder Law Enforcement
 Educator Active Military Government Employee

EMPLOYMENT: APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

Please indicate which of the following statements apply to the Applicant:

I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

I have had my hours reduced as a result of the coronavirus (COVID19)

Explain:

I have been furloughed as a result of the coronavirus (COVID19)

Explain:

I have been laid off as a result of the coronavirus (COVID19)

Explain:

I have been terminated as a result of the coronavirus (COVID19) Explain:

Explain:

Other

Explain:

CO-APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

Please indicate which of the following statements apply to the Co-Applicant:

I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

I have had my hours reduced as a result of the coronavirus (COVID19)

Explain:

I have been furloughed as a result of the coronavirus (COVID19)

Explain:

I have been laid off as a result of the coronavirus (COVID19)

Explain:

I have been terminated as a result of the coronavirus (COVID19)

Explain:

Other

HOUSEHOLD INCOME:

Please indicate an amount and if you are paid weekly, bi-weekly, bi-monthly, monthly, or annually.

SOURCE	APPLICANT	CO-APPLIANT	OTHER AGE 18+
Gross Salary(before deductions)			
Overtime, Tips, Bonuses, etc.			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			
Unemployment/Workers Comp			
Alimony, Child Support			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)			
Other			
TOTALS			

ASSETS:

APPLICANT

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES (other than main)				
TOTALS				

CO-APPLICANT

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES				
TOTALS				

ADULT MEMBER OF HOUSEHOLD

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES (other than main)				
TOTALS				

HOUSEHOLD LIABILITIES:

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
Mortgage			
2 nd Mortgage			
Rent/Lease Payment			
Car Loan			
Credit Card			
Credit Card			
Vehicle Loan			
Other			
TOTALS			

Are you or the co-applicant on a waiting list for assistance from another agency? __Yes __No

If you have answered yes, please list the agency and describe the requested assistance:

All of the following documents must be returned with this application:

- Copy of valid identification card or driver's license for every household member 18 years and older
- Copy of Social Security Cards for all household members
- Paystubs showing employment status on or before April 1, 2020 or a statement from employer
- Most recent tax returns. If filing separately, copies for all members.
- Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.)
- Self-Declaration Form (Attachment A) for all adult household members if you report no income.
- Bank Statements (checking, savings, money market, annuities, cash cards, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household
- Social Security Number Waiver Form (Attachment B)
- Release of Information Form (Attachment C)

The following documents must be attached to this application (as applicable for the type of assistance being sought:

- Current Lease (showing monthly rent)
- Statement from Landlord showing arrearage/amount due

Warning: Failure to provide all required documentation will delay assistance and may result in the denial

WARNING: False statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment

**CITY OF WEST MEMPHIS
EMERGENCY SHELTER GRANT
COVID19 RENTAL ASSISTANCE PROGRAM
RELEASE OF INFORMATION FORM**

I/We, _____, the undersigned do hereby authorize _____, to release, without liability, information regarding my/our employment, income and/or assets to the City of West Memphis for the purposes of verifying information provided as part of my application for assistance under the COVID19 Emergency Assistance Program.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |

CONDITION

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We can provide is incorrect.

_____	_____	_____
Head of Household	Social Security No.	Date
_____	_____	_____
Spouse	Social Security No.	Date
_____	_____	_____
Adult Member	Social Security No.	Date
_____	_____	_____
Adult Member	Social Security No.	Date

NOTE: This General Consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.