



**Intellectual & Developmental Disabilities
COVID 19 – Rent Relief Request Form**

Client Name:		Client DOB:	Date Submitted:
Current Address:			
New Address (if moving):			
Phone:		Email:	
Payment to be made to:			
Address to mail check:			
Phone:		Email:	
Head of Household Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Case Manager:		CM PHONE:	CM Agency:
Type of Assistance Requested:(rent, deposit, etc.)		AMOUNT REQUESTED: \$	List month(s) asst. needed for:

COVID-19 Eligibility:

To qualify for this fund, participants must meet one of the COVID 19 eligibility criteria below. Please check criteria that applies:

- A loss of income (or increase in expenses) due to COVID-19 related factors
- Compromised health status or elevated risk of infection or vulnerability to COVID-19
- Diagnosed or exposed to COVID-19

Income Limits:

Gross Annual Household income is below 80% of Area Median Income?(see below) Yes / No

80% Area Median Income			
Family Size	80% Median	Family Size	80% Median
1	\$51,600	5	\$79,600
2	\$59,000	6	\$85,500
3	\$66,350	7	\$91,400
4	\$73,700	8	\$97,300

Eligible expenses:

- Rent payments, motel vouchers, mobile home space rent, security deposit, application fees, rent arrears and late fees.

For households who do not meet the eligibility criteria or are seeking assistance with a mortgage payment or other type of expense not listed above please complete the IDD Housing Assistance Request form which can be found at:

multco.us/dd/idd-housing-resource-guide

COVID 19 – Rent Relief Request Form

Current Income: Last 30 days **monthly net** income for all household members

***Employment Income – submit last 30 days of paycheck stubs with application.**

Source: _____	Amount: _____	Source: _____	Amount: _____	Source: _____	Amount: _____
Source: _____	Amount: _____	Source: _____	Amount: _____	Source: _____	Amount: _____
SNAP/Food stamp	Amount: _____	Source: _____	Amount: _____	Source: _____	Amount: _____

Current Net Monthly Income Amount: \$ _____

1. **Monthly Rent Amount:** \$ _____
2. **Rent Arrears Owing:** Yes / No; **If yes, attach written verification of amount owing from property manager** (ex. Late rent notice, court order or email verification from property manager).
 - **List months and amounts owing in arrears:**

3. **Subsidized Rent:** Is applicant's rent based on a percentage of their income? Yes / No
4. **Describe the households need for assistance:**

Print name of person completing this form

Date

Signature of Head of Household (can be obtained following approval)

Date

Housing Specialist Use only:	
Annual Gross Income Amount: Under 80% MFI: Yes No	Assisted unit is in Mult. Co.: <input type="checkbox"/> Yes / <input type="checkbox"/> No