

TENANT BASED RENTAL ASSISTANCE

Request for Assistance - Initial ☐ Annual ☐

NAME: _____ DATE: _____

TEMPORARY/ PERMANENT
ADDRESS: _____

CITY/COUNTY/STATE/ZIP: _____ HIGHEST GRADE: _____

CONTACT PHONE: _____ WORK PHONE: _____

SSN: _____ Date of Birth: _____ AGE: _____

HILI TENANT INFORMATION:

HILI Address _____

_____ Identification

_____ Utility bill

_____ Lease

ETHNICITY:

_____ Hispanic

_____ Non-Hispanic

_____ Black

_____ Asian

_____ American Indian/Alaskan Native

_____ Native Hawaiian/Other Pacific Islander

_____ Black & White

_____ Asian & White

_____ American Indian & White

_____ American Indian & Black

_____ Other Multi-Racial

MARITAL STATUS:

_____ Never Married _____ Separated

_____ Married

_____ Divorced

_____ Widowed

U.S Citizen? ☐ Yes ☐ No Veteran? ☐ Yes ☐ No

HOUSEHOLD INFORMATION: List all other persons who live with you (list Head of Household first). If any of the persons living with you is not a member of your family* and is simply a roommate or live-in attendant, please indicate this in the relationship blank. (Note that this designation cannot be changed in the future.)

	Last Name, First name, MI	Relationship To You	DOB	SEX	Veteran Y or N	RACE	Highest Grade
1	_____	_____	/ /	_____	_____	_____	_____
.	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	/ /	_____	_____	_____	_____
.	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	/ /	_____	_____	_____	_____
.	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	/ /	_____	_____	_____	_____
.	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	/ /	_____	_____	_____	_____

Do you have medical expenses not covered by Insurance? ☐ Yes ☐ No

Are your dependents in child care? ☐ Yes ☐ No ☐ N/A

Have you or anyone else in your household applied for SSI or Social Security benefits and been denied?

☐ Yes ☐ No

Date of most recent application _____

Do you have a checking or savings account, stocks, bonds, etc? ☐ Yes ☐ No Amt: _____

Name of bank or financial institution: _____

Car License #: _____ Car make /model/ year _____

Do you or any member of your household require special housing accommodations?) i.e., downstairs, bus line, ramp, handrails, etc)

Have you lived in subsidized housing before? ☐ Yes ☐ No Where? _____

Are you receiving assistance from any other Social Service Agency? ☐ Yes ☐ No. If yes, please list below: (Non-Cash Benefits)

Agency: _____ Service: _____ Case Manager: _____ Phone: _____

Are you or any member 18 or older currently a student? ☐ Yes ☐ No

Please List: _____

Do you have any pets? ☐ Yes ☐ No Type and number: _____

Note: *You may at this or any time during your tenancy request reasonable accommodation for a handicap or disability of a household member to the extent necessary so that all family members can meet lease requirements or other requirements of tenancy.*

I CERTIFY AND ACKNOWLEDGE THAT:

- The information, provided on this Form is true and correct to the best of my knowledge and belief. This information is subject to verification.
- I am responsible for notifying my Case Manager in writing immediately (within 15 days) if there is a change in my family's income or household members during the year and for updating this information during annual re-certification.
- Neither I nor any family member is receiving assistance under any other part of this program or under any other public housing assistance program, including but not limited to, Section 8, HOME, or other publicly assisted housing.
- Assistance under this program may not be paid to me or to any family member, even if that family member is my landlord/mortgagee and does not reside with me.
- Assistance under this program is contingent on continued grant funding for the program.

HOUSING PROGRAM: HOME TBRA / HIGH IMPACT

SIGNATURE OF PARTICIPANT/ HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OR CO-TENANT

DATE

SIGNATURE OF CASE MANAGER

DATE
