



TB BANK COVID-19 RENTAL ASSISTANCE - APPLICATION

This application must be complete and signed by all adult household members. Do not leave any blank lines, if information is not applicable, write "N/A". Any missing items will delay your application processing. Submission of an application does not guarantee services.

Completed applications can be e-mail to PWhite@hepempowers.org, or delivered to 1120 N. Betty Lane, Clearwater FL 33755, Monday – Friday, 8:30am – 5:00pm. Contact Phillip White at 727-442-9041 x 167 or Juliet Sanders x 168 for further questions.

SECTION 1 - QUALIFYING EVENT: PLEASE EXPLAIN HOW COVID AFFECTED YOUR INCOME AND HAS THREATENED YOUR HOUSING STABILITY:

SECTION 2 - HOUSEHOLD INFORMATION:

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HEAD OF HOUSEHOLD INFORMATION:

What Months' Rent are Being Requested?	
Name:	Social Security #:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Current Address:	
City:	Zip Code:
Telephone Number:	Alternate Phone Number:
Email:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you moving to a new location with this assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Landlord Name:	Landlord Phone #: Landlord Email or Fax:

OTHER ADULT HOUSEHOLD INFORMATION: (ANYONE OVER AGE 18 MUST COMPLETE THIS SECTION)

Name:	Social Security #:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Current Address:	
City:	Zip Code:
Telephone Number:	Alternate Phone Number:
Email:	

Marital Status: Married Divorced Single

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

OTHER HOUSEHOLD MEMBERS:

NAME(S)	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY #	DATE OF BIRTH

SECTION 3 - EMPLOYMENT INFORMATION: (WRITE "NA" IF NOT APPLICABLE):

Employer:	Supervisor:
Position:	Phone:
Address:	
	Length of Employment:
Pay Rate:	Pay Frequency:
Other Adult HH Member:	Employer:
Position:	Supervisor:
Address:	
	Phone:
Length of Employment:	Pay Rate:
	Pay Frequency:

(INCLUDE PUBLIC BENEFITS (FOOD STAMPS), SSI, SOCIAL SECURITY, CHILD SUPPORT, RETIREMENT, UNEMPLOYMENT, VETERAN BENEFITS, ETC.)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	AMOUNT

SECTION 4 - ASSET INFORMATION (FOR ALL HOUSEHOLD MEMBERS):

HOUSEHOLD MEMBER NAME	NAME OF BANK	TYPE OF ACCOUNT (SAVINGS, CHECKING, CD, ETC.)	CURRENT BALANCE

SECTION 5 - SUSTAINABILITY PLAN:

Please check one or more of the following to illustrate how you plan to maintain housing after the assistance has ended?

SECTION 8 OR OTHER RENTAL ASSISTANCE PROGRAMS

STEADY INCOME FROM EMPLOYMENT

ANTICIPATING ADDITIONAL FUTURE INCOME FROM _____ SOURCE
(i.e. Child Support, Pension, Social Security, Disability, Insurances Claim, Workers Compensation Claim, etc.)

Other (please explain):

SECTION 6 - DEMOGRAPHIC INFORMATION: (FOR REPORTING PURPOSES ONLY, PLEASE CHECK ALL THAT APPLY)

ETHNICITY/RACE/SPECIAL NEEDS:

LIST ALL HOUSEHOLD MEMBER NAME(S):	ETHNICITY (MUST CHECK ONE)		RACE (MUST CHECK ONE)					CHECK IF APPLICABLE	CHECK IF APPLICABLE
	HISPANIC OR LATINO	NON-HISPANIC OR NON-LATINO	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN / PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKA NATIVE	DISABLED	VETERAN

SECTION 7 - CERTIFICATION:

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Please be advised, HEP collects your Social Security number for the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes.

THIS DOCUMENT MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS

APPLICANT SIGNATURE:	DATE:
ADULT HH MEMBER SIGNATURE:	DATE:
ADULT HH MEMBER SIGNATURE:	DATE: