

Participant Information

Name:		Email:	Phone:
Complete Address:			County:
Household Adults:	Children:	Need to Vacate by:	Subsidized? Yes No
Members:			
Monthly Rent: \$	Late Fees: \$	Total Needed: \$	
Has your income or housing been affected by COVID-19? If yes, please explain.			

Household information: Attach a separate sheet if necessary.

Name:	Relationship:	Birthdate:	Age:
	(Self)		

Estimated Income

HH Member	Source	Monthly	Annual	Proofs Collected
		\$	\$	
		\$	\$	

Landlord Information

Name:	Phone:
Address:	Email:



Verification Checklist:

Please note, additional documentation may be needed to help determine eligibility of assistance.

Current lease

Proof or verification of income for all adults in the household

Official eviction notice with required date of vacating when it is a housing emergency

Eligibility - For Staff Use

M-PAT Score (FHP-Prevention only):			
Eviction/Notice to Vacate?	Yes	No	
Income =/$<$ 200% FPG	Yes	No	
Is this participant eligible for FHP?	Yes	No	

Staff area:

Date Received:

Staff:

What program was used: