



Application for COVID-related Rental/Utilities Assistance-Tenant

Date of application _____ **#of people in the household** _____
Phone Number: _____ **Email** _____

1. I _____ (full name) certify that I have missed
(check appropriate space)
_____ (rental) _____ (utility) payments for the following
months: _____ in 2020.
Amount I owe _____ (rent) _____ (utility).
Total amount _____.
The address of my home is: _____
(street address, apt #, city, zip code)

2. I owe the funds to _____
(name of business/person owed rent/mortgage).
Contact information (phone number and email) of person owed
funds _____

3. The specific COVID-related reason I cannot make my rent/mortgage/utility payments
is (please be detailed):

4. I have requested funding from another agency or individual for this purpose:
Yes____ No____ Name of Agency_____

5. Documentation (*as relevant*) check when completed

- a. Tax Return (80% of AMI) _____
- b. Pay stub (80% of AMI) _____
- c. Unpaid utility bill _____
- d. Unpaid rental statement _____
- e. Unpaid mortgage statement _____
- f. Signed letter from tenant and landlord _____

6. I (tenant/client) attest by signing below that the information I have provided above is true and accurate. I attest that I have not received duplicate assistance from another agency. I understand that falsification of any information may require me to reimburse all funds received and I may be prosecuted to the full extent of the law.

Tenant/Client Signature _____

Landlord Signature _____

WCCS staff member receiving information _____