



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).

The total amount I owe is _____.

The address of my home is: _____
(street address, apt #, city, zip code)

2. I owe the funds to _____
(name of business/person owed rent).

Contact information (phone number and email) of person owed funds _____

3. The specific COVID-related reason I cannot make my rent/utility payments is: _____

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. 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 _____