City of Toledo Emergency Renter Assistance Fund (ERAF) Application Form

Applicant (Head of Household): _____
Last Name First Name Middle Initial

Date of Birth_____

Co-Applicant (If applicable): _____
Last Name First Name Middle Initial

Date of Birth_____

Names of other people living in household:

Full Name	Relationship	Date of Birth

Has anyone else living in this household received assistance from this program? ☐ Yes ☐ No

Current Address: _____ Toledo OH
No. Street Apt. # City State Zip Code

Home Telephone No:_____ **Cell Telephone No**: _____

Number of Children/dependents living with you: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7+

Name of school any school-aged children living with you attend:_____

Are you_____Pregnant? _____Disabled?_____Frail? Please explain nature of checked conditions:

_____

DEMOGRAPHICS

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other

Race: ☐ African American/Black ☐ Asian ☐ Bi-racial ☐ Caucasian/White ☐ Hawaiian/Pacific Islander
☐ Multi-racial ☐ American Indian/Alaskan Native ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Primary Language: ☐ English ☐ Spanish ☐ Polish ☐ Chinese ☐ Arabic ☐ Other

Highest Grade Completed: ☐ No High School Diploma ☐ GED ☐ High School Diploma ☐ Some College
☐ AA Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree

Currently Enrolled in School/Training? ☐ Yes ☐ No

Currently Employed? ☐ Yes ☐ No **For Past 12 Months, Number of Months Worked?** _____

Criminal Convictions: ☐ Misdemeanor ☐ Felony ☐ No Convictions

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Domestic Partner

Military Status: ☐ Active Duty ☐ Veteran ☐ Spouse of Active Duty ☐ Spouse of Veteran ☐ Never Served

Veteran Benefit Status: ☐ Currently receiving ☐ Currently not receiving ☐ Never received

Health Insurance: ☐ Private Insurance through an Employer ☐ Government Insurance Program
☐ Private Insurance not through an Employer ☐ No Insurance

MONTHLY HOUSEHOLD INCOME

Employment Status:

Please list last date of employment: _____ Are you unemployed due to COVID 19? ☐ Yes* ☐ No

Have you experienced a recent loss in wages or hours due to COVID-19? ☐ Yes* ☐ No

**Applicant must attach unemployment claim information from ODJFS, and/or paystubs, bank statements and/or letter from employer to prove loss of employment/income due to COVID-19.*

If unemployed: Are you physically/emotionally able work? ☐ Yes ☐ No

Have you been looking for work? ☐ Yes ☐ No

Are you involved in a job training program? ☐ Yes ☐ No

What is your projected return to work date: _____

What industries are you previously employed? _____
(example: Healthcare, Daycare, Hospitality, etc.)

Does anyone else in your household work? ☐ Yes ☐ No

Please list income received by **ALL** family members: (All sources of income includes earnings from full-time, part-time, seasonal jobs, cash assistance payments, SSI/SSA, pensions, child support, alimony, unemployment, foster care payments, adoption payments, any income received on behalf of children, etc.)

Type of Income	Name of Person Receiving Income	Name of Agency/Company	Contact Number of Company/Agency	Gross **Monthly** Income
☐ Part ☐ Full				$
☐ Part ☐ Full				$
☐ Part ☐ Full				$

Additional income:

Type of Benefit	Name of Person Receiving Benefit	Gross **Monthly** Benefit
TANF		$
SOC SECURITY		$
DISAB/WORK COMP		$
CHILD SUPPORT		$
UNEMPLOYMENT		$
SNAP BENEFIT		$
STIMULUS, PPE (please specify)		$

TOTAL HOUSEHOLD MONTHLY INCOME (WAGES AND ADDITIONAL INCOME): $_____

HOUSING STATUS

Are you able to pay your rent on time most months? ☐ Yes ☐ No

Are you facing eviction due to late or missing payments as a result of COVID-19? ☐ Yes ☐ No

If yes, what is the amount of arrearage owed? _____

Please attach a copy of your current lease to this application.

Are you currently enrolled in a rental assistance program? ☐ Yes ☐ No

If yes, what program: _____

Are you currently enrolled in the Section 8 program? ☐ Yes ☐ No

Is your current housing classified as "affordable housing"? ☐ Yes ☐ No
(*i.e. is your rent based on your income*?)

How long have you lived at your current location? _____

How many times have you moved in the last 3 years? _____

Why did you move from your last residence? _____

Homeless Status: Have you ever stayed in a shelter? ☐ Yes ☐ No
If so, when? _____

MONTHLY HOUSEHOLD EXPENSES

Utilities

Does your household have these basic utilities: phone ☐ gas/propane ☐ water ☐ electricity ☐

Have you been able to pay your utility bills on time? ☐ Yes ☐ No

Are you currently enrolled in any utility assistance programs? ☐ Yes ☐ No

Please list amount of monthly amount spent on the following:

Utilities (gas, electric, water, & phone combined) $_____
Food Expense $_____
Transportation $_____
Insurance $_____
Other Debt Payments (credit cards, loans, car notes combined) $_____
Rent Amount $_____

TOTAL HOUSEHOLD MONTHLY EXPENSES: $_____

For Internal Use Only

To be completed by FOC Coach:

AMI =_____%

SELF ASSESSMENT

In your opinion, what are top 3 problems that are threatening your current housing situation and/or have put you in the position of needing help with your rent?

1.

2.

3.

RELEASE OF INFORMATION

I,_____hereby give permission to the NeighborWorks Toledo Region Financial Opportunity Center (FOC) to share any of the above information with their partnering agencies and funders in order that the FOC might handle my request for services in the most efficient manner possible. I am willing to be contacted at home by staff from the FOC for the purposes of this program and program evaluation. I agree that this Release of information shall remain valid for 18 months from the date listed below.

Signature: _____

Date: _____

In signing this application form I also understand the following:

1. **Rental Assistance is not guaranteed.**
2. **All information will need to be verified before any rental assistance is given.**
3. **All documents listed on the attached Document Checklist must be attached to this application.**
4. **The information that the client (person applying) provides is truthful, complete and accurate.**

_____ _____

Client Signature Date

_____ _____

NTR FOC Coach Signature Date

For Internal Use Only

To be completed by Intake Specialist:

Date Application Received by FOC: _____

Application Complete? Y or N

If No, date complete application/document verifications received? ___

Date Eligibility Determined: _____ Date Initial Appointment set with Coach: _____

To be completed by Coaching Staff:

Date of Initial Meeting: _____

DOCUMENT CHECKLIST

- Copy of valid photo ID with same name as current lease
- Paystubs, unemployment claim verification, or letter from employer proving unemployment, reduced hours or lost income due to COVID-19
- Copy of a written, signed lease for an apartment/house located in the City of Toledo
- Proof of late payment/delinquency in form of letter from landlord, 3 Day Notice or eviction Summons/Complaint
- Bank statements for the past 60 days
- Completed Housing Conditions Survey Form