

**Multnomah County Intellectual & Developmental Disabilities  
ARPA - Emergency Rent Assistance Application**

**2023-2024  
INTAKE FORM**

Person in Services with Mult. Co. IDD:

Application Date:

Case Manager Name:

Case Management Agency:    Mult. Co. IDD            CPI            Inclusion            INW            UCP-C            UCP-M

**1. Eligibility Criteria** (all criteria must be met for eligibility)

- ☐ Multnomah County Resident  
☐ Income at or below 65% Area Median Income (AMI)

**2. Verification of Income Eligibility**

Check the box below for the number of individuals in the household:

**Area Median Income Guidelines**

Household Size	65% AMI
<input type="checkbox"/> 1	\$51,350
<input type="checkbox"/> 2	\$58,695
<input type="checkbox"/> 3	\$66,040
<input type="checkbox"/> 4	\$73,320
<input type="checkbox"/> 5	\$79,235
<input type="checkbox"/> 6	\$85,085
<input type="checkbox"/> 7	\$90,935
<input type="checkbox"/> 8	\$96,785
<input type="checkbox"/> > 8	See link below

Source: [2023 AMI Rents PHB](#)

**Steps to Verify Income:**

Household income eligibility is based on determining a household's annual income at the time of application, either using current monthly income to calculate the annual income (monthly income x12); or using the most recent year W-2 or tax return. To be eligible, annual household income must be below 65% AMI as outlined in the table above.

**Step 1:** List all income sources. If you are using income from the last 30 days (current monthly income), multiply the monthly income by 12 to calculate annual income. Collect documentation verifying income amounts.

If a person (or the entire household) has no income, please write "No Income" for that person(s). Declaration of Personal Income form is required for each zero income adult.

Acceptable documentation includes 30-day paystubs, most recent year W2, 1040, UI verification, SSI documentation, self-employment verification form, self-attestation income form.

Income Source	Income Earner	Monthly Gross Income
Total Monthly Income:		

**Annual Income =** (monthly income x 12)

**Step 2:** Compare annual income to eligibility table on page 1 to determine eligibility.

## Documentation of Income

**Applicants must submit documentation to verify income for all household members** (except SNAP/food stamps).

**Yes      No - Written Verification for all household income will be submitted with this Intake Form**

If any income documents are not readily available, applicant may be eligible to provide self-attestation below.

**Self-Attestation of Income Eligibility - Declaration of Personal Income form required for each adult self-attesting income.**

**Household is unable to provide documentation due to:**

- ☐ Accommodation for disability      ☐ Lack of Technological Access      ☐ COVID-19 Extenuating Circumstance

\*\*\*If the household is unable to provide income documentation and does not meet one of the criteria listed above, the household may be able to self certify income if they live in a census tract with average incomes in the eligibility range. Mult. Co. IDD staff will screen for census tract eligibility.

## 3. Rental Verification

Is a lease or rental agreement available?

- ☐ Yes (Submit signed lease or rental agreement showing address, rental unit and monthly rent amount)  
☐ No (must provide alternative documentation verifying address and monthly rent – i.e. past due notice, cancelled rent check showing correct address and unit)

If requesting for rent arrears: Is a documentation of rent arrears or rent owed available?

- ☐ Yes (submit documentation or alternative documentation showing name of renter, rental unit address, and the amount of rent arrears/rent owed breakdown)  
☐ No (must provide explanation about why documentation is not available)

## 4. Eviction Notice for Non-payment of Rent – see ARPA prioritization guidance

Has the household received an eviction/termination notice for non-payment of rent?

- ☐ Yes (if yes, must submit a copy of the eviction/termination notice with the application)      ☐ No

## 5. Head of Household Information

**Name** (First and Last)

**Current Address**

**New Address if Moving**

**Email**

**Phone Number**

**Landlord Information** (to send payment)

**Business Name**

**Property Manager if Different**

**Mailing Address for Payment**

**Email**

**Phone Number**

## 6. Assistance Requested

Do you receive Section 8 or any other housing subsidy payments? ☐ Yes ☐ No

If yes, what is your portion of the rent at time of the ARPA application? \$ \_\_\_\_\_

**Type of Assistance and Months being Requested:** (Future rent approvals are limited to 3 months per application)

## 7. Signature and Self-Attestation

*"I certify that the information on this intake form is true and accurate to the best of my knowledge. In addition, I consent to the release of information in this application to the United States Department of the Treasury for any reporting or compliance purposes."*

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Case Worker/Agency Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Case Worker/Agency Staff Contact Info: Email \_\_\_\_\_

Phone \_\_\_\_\_

**\*Note to Case Managers: Client Signature can be obtained following approval of assistance.**

### Housing Specialist Use Only:

**Paystubs:** Pay stub 1:  
Pay stub 2:  
Pay stub 3:  
Pay stub 4:

**Other Income:**  
  
**Total Gross Annual:**

**Fact specific proxy:** Census tract code \_\_\_\_\_ with tract median income \_\_\_\_\_ %  
•<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>

**Percent of Median Area Income** (if known) ☐ 0-65% ☐ Over 65%