



**Intellectual & Developmental Disabilities
COVID 19 – Rent Relief Request Form**

Client Name:		Client DOB:	Date Submitted:
Current Address:			
New Address (if moving):			
Phone:		Email:	
Payment to be made to:			
Address to mail check:			
Phone:		Email:	
Head of Household Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Case Manager:		CM PHONE:	CM Agency:
Type of Assistance Requested: (rent, deposit, etc.)		AMOUNT REQUESTED: \$	List month(s) asst. needed for:

COVID-19 Eligibility:

To qualify for this fund, participants must meet one of the COVID 19 eligibility criteria below.

Please check criteria that applies:

- A loss of income due to COVID-19 related factors
- Compromised health status or elevated risk of infection or vulnerability to COVID-19
- Diagnosed or exposed to COVID-19

Income Limits:

Gross Annual Household income is below 80% of Area Median Income?(see below) Yes / No

80% Area Median Income			
Family Size	80% Median	Family Size	80% Median
1	\$51,600	5	\$79,600
2	\$59,000	6	\$85,500
3	\$66,350	7	\$91,400
4	\$73,700	8	\$97,300

Eligible expenses:

- Rent payments, motel vouchers, mobile home space rent, security deposit, application fees, and rent arrears.

For households who do not meet the eligibility criteria or are seeking assistance with a mortgage payment or other type of expense not listed above please complete the IDD Housing Assistance Request form which can be found at:

multco.us/dd/idd-housing-resource-guide

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Current Income: Last 30 days **monthly net** income for all household members

***Employment Income – submit last 30 days of paycheck stubs with application.**

Source: _____	Amount: _____	Source: _____	Amount: _____	Source: _____	Amount: _____
Source: _____	Amount: _____	Source: _____	Amount: _____	Source: _____	Amount: _____
SNAP/Food stamp	Amount: _____	Source: _____	Amount: _____	Source: _____	Amount: _____

Current Net Monthly Income Amount: \$ _____

1. **Monthly Rent Amount:** \$ _____
2. **Rent Arrears Owing:** Yes / No; **If yes, attach written verification of amount owing from property manager** (ex. Late rent notice, court order or email verification from property manager).
 - **List months and amounts owing in arrears:**

3. **Subsidized Rent:** Is applicant's rent based on a percentage of their income? Yes / No
4. **Describe the households need for assistance:**

Print name of person completing this form

Date

Signature of Head of Household (can be obtained following approval)

Date

Housing Specialist Use only:	
Annual Gross Income Amount: Under 80% MFI: Yes No	Assisted unit is in Mult. Co.: <input type="checkbox"/> Yes / <input type="checkbox"/> No