



Habitat Here & Now: COVID-19 Rent Relief Application

Applications Reviewed on rolling basis. Phase 2 Deadline: 8/25/20

In order to be considered for our COVID-19 Rent Relief program, this form must be completed in full and submitted via email to support@hfhplymouth.org or mailed to **Habitat for Humanity of Greater Plymouth, P.O. Box 346, Carver, MA 02330.**

IMPORTANT NOTE: the supplemental materials* listed in Section 4 are **required** in order for your application to be considered complete and ready for evaluation.

HFHGP complies with state regulations regarding safeguarding personal information.

Section 1 – Renter Information

Name of Applicant(s): _____

Applicant Address : _____
Street City Zip

Applicant Email: _____

Applicant Phone: _____ # years at same address: _____

List the names and ages of all adults and children living in the home:

Is the applicant or anyone in the home disabled? Yes _____ No _____

Is anyone residing in the home a Veteran of the US Armed Forces? Yes _____ No _____

If yes, please state the Branch of Service: _____

Landlord Name: _____

Landlord Mailing Address: _____

City: _____ State: _____ Zip: _____

Landlord Phone Number: _____

Landlord Email Address: _____

How did you hear about this program? _____

Section 2 – Household Income and Rent Payment Information

Current Total Household Income (monthly): _____ (including Employment Wages, Social Security, Disability, Unemployment, Other)

What is your monthly rent payment? _____

Are you currently overdue with rent payments? Yes _____ No _____

If yes, by how much (total overdue) \$ _____

Section 3 – Pandemic Impact Information

This next set of questions is specific to the timeframe of the COVID-19 pandemic, from March 2020 to the present only:

Have you lost your employment due to COVID-19? Yes _____ No _____

If you are still employed:

Have your hours been reduced? _____ If so, how many hours cut? _____

What is the \$ amount of your wage losses due to COVID-19? \$ _____

Do you have medical issue(s) in the home that prevent you from working? _____

Are you currently collecting pandemic-related unemployment? _____

Currently, after paying your monthly housing bills (rent & utilities) approximately how much money do you have left to spend on necessary food & medical expenses? \$ _____ /mo

Section 4 – Homeowner’s Agreement

_____ I certify that the information on this application is accurate and that I reside in the property at the address provided on the application.

_____ I understand that this is one-time financial assistance and I may not re-apply for additional Pandemic Rent Assistance Funds

_____ I understand that HFHGP will contact my landlord directly to verify information provided and to discuss HFHGP’s assistance

_____ I have submitted *proof of job termination/furlough, OR *proof of wage loss via pay stubs for February 2020 and May 2020 (please black out SSN and/or bank info)

_____ I have submitted a *copy of my lease or rental terms, AND a *current utility bill showing proof of address

Signature of Applicant

Date

Signature of Co-Applicant

Date

FOR OFFICE USE ONLY

Date Received: _____ **Date Approved:** _____

Assistance Amount Approved: _____ **Mail Date:** _____ **Processed By:** _____