

Rent and Utility Assistance – Application

Eligibility:

We need to determine if you qualify for Rent and Utility Assistance. Answer all the question on this application. We will be asking for details about your household, income, landlord, rent and utilities along with supporting documentation. Submitting this application does not mean you will receive rental assistance. Once we have verified your income, rent and household information, we will determine your eligibility. The information you provide will be used for determining your eligibility for assistance under the Rent and Utility Assistance Program. We will not provide your information to third parties, except as needed to determine your eligibility for rent relief.

1. Are you currently homeless or without housing and in need of rental assistance through the RUP rent Relief Program? Yes No
2. Are you renting your primary residence? Yes No
3. Are you receiving Section-8 or Rural Development rental assistance? Yes No
4. Are you currently living in public housing? Yes No
5. Has your household experienced a loss of income during the Pandemic due directly or indirectly to COVID-19? Yes No
(Total household income decrease could be due to a layoff, reduction in hours or loss of business.)
6. Has your household experienced a financial hardship during the Pandemic due directly or indirectly to COVID-19? Yes No
(A hardship includes any significant costs or other financial hardship incurred)
7. Do any of the following apply to you; past due utility bill, past due rent, eviction notice, living in a motel/hotel, temporarily staying with friends/family, or currently homeless? Yes No
(This question is meant to determine if you are experiencing housing instability)
8. Do you or any member of your household qualify for unemployment? Yes No
(Does anyone in your household qualify for unemployment benefits?)
9. Number of People in your Household. _____
(The number of people in your household in includes all adults listed on your lease, all children living in the rental more than 50% of the time, and any foster children or adults. Do not include live-in aides. Do not include unborn children.)
10. Current Total Monthly Gross Household Income _____
(Enter the total of all household income sources, including but not limited to: wages, business income, social security or pensions, interest on savings accounts, TANF (welfare), unemployment benefits and any other periodic payments or gifts from any source.)

Contact Information:

Address: _____ Unit#: _____ City: _____ Zip Code: _____
Name: _____ Date of Birth: _____ Social Security Number/ITIN: _____ Check if you don't have a SSN/ITIN
Phone Type: _____ Phone Number: _____ Email: _____

Demographics:

What is your Gender? _____ Are you currently unemployed? Yes No If yes, what is the date of unemployment? _____
Are you Disabled? Yes No Are you Hispanic or Latino: Yes No What is your Race: _____





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Have you served in the US Military? Yes No

Household Member Information:

We need to know about everyone living in the unit except live-in aides. This includes all adults listed on the lease or rental agreement, children living in the unit more than 50% of the time and any foster children or adults living in the rental. Do not include unborn children.

Name	Date of Birth	Gender	Hispanic or Latino	Race	SSN/TTIN	Check here if no SSN/TTIN
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>

Income Information:

Check this box if you receive public benefits from Medicaid/Medical, Women Infant and Children (WIC) Benefits, Supplemental Nutrition Assistance Program (SNAP) Benefits, Temporary Assistance for Needy Families (TANF) Benefits, or School Nutrition Programs (SNP) Benefits. If this applies to you skip the income section and begin completing the Rental information Section below.

Tell us about all sources of income for the household. All amounts should be monthly.

Household Member who receives this income	Source of Income	Gross Monthly Amount (before taxes)

Rental Information:

Check here if you do not have this information because you are; living in a hotel/motel, temporarily living with friends/family, or are currently homeless. If this applies to you skip to the Utility Information Section below.

of Bedrooms *(for efficiencies, studio, or single room occupancy units, enter zero)*: _____ Lease Start Date: _____ Rent Amount: _____

Amount of Past Due Rent *(only enter past due amounts after 3/13/20)*: _____ # of Months Past Due *(do not count months prior to 3/13/20)*: _____





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Landlord Information:

Check here if you do not have this information because you are; living in a hotel/motel, temporarily living with friends/family, or are currently homeless. If this applies to you skip to the Utility Information Section below.

Name: _____ Email Address: _____ Phone Number: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Utility Information:

If you do not pay for utilities check here

Utility Type	Total Amount Due	Past Due Amount	Months Past due	Date of most current bill

Required Documents:

- Valid government photo ID (*expired documents and utility bill with name and address are acceptable alternatives*)
- Provide a copy of your lease, rental agreement, or other evidence of your rental obligation.
- If you have one, provide a copy of your most recent past-due rent statement.
- If you have one, provide a copy of your eviction notice.
- Income Verification (provide all that apply)

2020 Income Tax Returns	Last Three Paystubs or Wage Statement from your employer(s)	Public Benefit Award/Recertification Letter	Social Security/Disability/Veteran Benefit Award Letter date within 120 days of application.	Pension Statement	
Workers Compensation Statement	Alimony and/or Child Support payments	Annual income derived from assets to which any member of the family has access	Last three military payments	Financial Aid Award Letter showing amount in excess of tuition	Unemployment and/or Disability Compensation Statement(s)

If requesting Utility Assistance, provide current utility bills for Electricity, Gas, Water, or Fuel/Oil





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Terms and Conditions:

I declare under penalty of perjury that the information in this application is true and correct. I understand that providing false representation is an act of fraud and that fraud will be prosecuted to the fullest extent of the law and may disqualify me from assistance programs.

I further declare that:

1. My household does not have sufficient savings or liquid assets to pay the rent/utility bills
2. I, nor any other persons, in my household have applied or will apply for this or any other rental/utility assistance program.

I understand that during the application process the Housing Authority of the County of Kern may check third party sources to verify the information that I provided. I authorize the Housing Authority of the County of Kern to verify all information provided to them in this application.

If eligible, I understand the housing Authority of the County of Kern may make payments to be applied to my rent/utilities, and that payments provided to me or on my behalf, are not for any other use.

Date: _____ Signature: _____

To submit your application, email this form and required documents to RUP@kernha.org. Should you have any questions about your application, or if you need assistance completing this form, contact us at: 661-578-5339

