



House Wake! Covid-19 Eviction Prevention Program

Administered by Telamon Corporation

RENTAL ASSISTANCE APPLICATION

Applicant Name	
Address	
Telephone Number	
Email Address	

Landlord/Property Mgt. Company	
Contact Name	
Address	
Telephone Number	
Email Address	

The following information is requested by the federal government for certain types of programs related to a dwelling in order to monitor compliance with equal credit opportunity, and fair housing. You are not required to furnish this information but are encouraged to do so. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation.

Do you wish to provide this information? Yes No

Sex: Male Female Other (Please specify _____)

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

Multi-racial

Have you received notice of eviction from your landlord? Yes No

Determine your eligibility for the program (Must check all items below to be eligible)

I am a renter residing in a rental housing unit located in Wake County

I can provide a copy of my Rental or Lease Agreement

I can provide a copy of my NC Driver's License or NC Identification Card **OR** 2019 Income Tax Return

I have been economically impacted during the COVID-19 pandemic period (beginning March 13, 2020 to present) causing loss of income and inability to pay rent

I currently do not receive any other forms of rental assistance payments (examples: Housing Choice Voucher - Section 8, senior housing or disabled housing with rental assistance subsidies, other rental assistance programs)

NOTE: Wake County does not require Social Security numbers, so applicants must delete SSNs or cross them out prior to submitting.

A. CURRENT LEASE/RENTAL AGREEMENT INFORMATION

1) What is your lease/rental effective dates? _____ to _____

2) What is your current monthly rent: \$ _____

(This will be confirmed by the Lease/Rental Agreement)

3) Are you current on your rent payments? YES NO

If NO, how much rent are you behind for the following months:

March 2020 \$ _____

April 2020 \$ _____

May 2020 \$ _____

June 2020 \$ _____

July 2020 \$ _____

August 2020 \$ _____

September 2020 \$ _____

October 2020 \$ _____

November 2020 \$ _____

December 2020 \$ _____

4) Do you owe any rent prior to March 2020? If so, please list the month and amount owed for each month:

D. INCOME DOCUMENTATION WORKSHEET

An Income Documentation Worksheet should be completed for each person in the household who is 18 years or older. Supporting documentation must be attached for each household member.

NOTE: Wake County does not require Social Security numbers, so applicants must delete SSNs or cross them out prior to submitting.

Name of Person this income worksheet applies to: _____

(complete one worksheet for each person in household 18 years or older)

Source of Income	Gross Monthly Income in Dollars	Supporting Documentation
Pre-COVID19 Salary for AMI Verification	\$	<ul style="list-style-type: none"> Copies of two paycheck stubs for January, February and/ or March 2020; OR 2019 Federal income tax returns; OR Income Certification Affidavit

Source of Income	Gross Monthly Income in Dollars	Supporting Documentation
Current Gross Monthly Salary From Employment or Self-Employment	\$	<ul style="list-style-type: none"> Copies of two most recent paycheck stubs; OR Income Certification Affidavit (for self-employed)
Gross Monthly Income from: Social Security Income (SS) OR Supplemental Security Income (SSI) OR Social Security Disability (SSDI)	\$	<p>The following must not be older than one year unless noted:</p> <ul style="list-style-type: none"> Copy of monthly award check; OR Copy of benefit verification letter (can be requested from local Social Security office); OR Form SSA-2458 (can be requested from local Social Security office); OR Form SSA-1099 (yearly benefit statement that may not be older than one (1) year); OR Written certification from awarding agency verifying monthly benefits; OR Copy of bank statement showing direct deposit of award check.

Gross Monthly Income from Work First Temporary Assistance for Needy Families (TANF)	\$	<ul style="list-style-type: none"> • Award letter stating the amount of benefit; OR • Copy of most recent bi-monthly award check(s); OR • Written statement from Caseworker stating the benefit amount; OR • Written certification from awarding agency verifying monthly benefits.
Monthly Alimony	\$	<ul style="list-style-type: none"> • Copy of weekly or monthly check; OR • Court decree establishing payments, (divorce papers); OR • Notarized affidavit of child support certifying amount received.
Monthly Child Support	\$	
Gross Monthly Unemployment	\$	<ul style="list-style-type: none"> • Copy of award notice stating benefit; OR • Payment booklet.
Monthly Rental Property Income (income you receive from a rental property you own)	\$	<p>At least two (2) from the following:</p> <ul style="list-style-type: none"> • Copy of property rental agreement signed by current tenant showing monthly rent; AND • Copy of recent rent check; OR Rent receipt book.
Other Income not shown above-List Sources	\$	Attach documentation to support declaration.
TOTAL MONTHLY INCOME	\$	
AGENCY STAFF USE ONLY IN THIS SECTION:		
Total Gross Monthly		Comments:
Total Gross Annual		Comments:
Income Qualified?	YES NO	Comments:

E. RELEASE OF INFORMATION

I understand that validating information contained in this application and will require program staff to contact my landlord. I give my permission for the landlord and program staff to exchange information to validate active lease, rental payments, rent owed and facilitate enrollment as a vendor. Furthermore, I give my permission for program staff to communicate with employers or other originators of documents I have provided to establish my eligibility. Information exchanged will be used to determine program qualification and enrollment.

F. COMPLETED APPLICATION CERTIFICATION

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I further understand that if any false statements are made in connection with this application, Wake County may seek any remedies available under law, including monetary relief in the form of repayment and reimbursement of all benefits received and/or costs attributed to the collection thereof.

I certify that the information I have provided is a true and complete statement of facts according to the best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the Wake County House Wake! Covid-19 Eviction Prevention Program. I understand that the information on this form may be checked by the Federal, State, County or City reviewer and I agree to this review. Furthermore, I understand that my application must be complete and include all necessary supporting documentation to be considered for the Wake County House Wake! Covid-19 Eviction Prevention Program. I agree to provide additional documentation to the Program Administrator if necessary.

Signature_____ **Date:**_____

YOU CAN RETURN THIS APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

Scan a copy and email to: Housing@Telamon.org

Fax a copy to: (919)851-9044

Mail a copy to: Telamon Corporation, 5560 Munford Rd., Suite 201, Raleigh, NC 27612

For further assistance, you can contact Telamon Corporation at 1-899-9911 or housing@telamon.org.