



# HOUSE WAKE! COVID-19 FINANCIAL ASSISTANCE PROGRAM

## Tenant Application

Administered by Telamon Corporation

### PRIMARY APPLICANT INFORMATION

FIRST NAME		MIDDLE INITIAL	LAST NAME		DATE OF BIRTH
STREET ADDRESS		APT/UNIT #	CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS			
ETHNICITY	RACE			HOW YOU HEARD ABOUT THIS PROGRAM	
<input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino	<input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Black/African American & White <input type="radio"/> Asian <input type="radio"/> Asian and White <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> American Indian/Alaskan Native & White <input type="radio"/> American Indian/Alaskan Native & Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Multi-racial			<input type="radio"/> Family/Friend <input type="radio"/> Internet <input type="radio"/> Landlord/Property Manager <input type="radio"/> Social Media <input type="radio"/> TV/Radio <input type="radio"/> Referred by another agency <input type="radio"/> Other (specify) _____	
GENDER					
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Other _____					
Are you a Veteran?		Yes	No	Are you Disabled?	
				Yes	No
Are you a female Head of Household (Single female adult with dependent children living in the household)?					
Yes No					

Have you received a notice to vacate from your landlord/Property Management?	<input type="radio"/> Yes	<input type="radio"/> No
Have you received a summons, complaint or judgement for eviction issued by the court?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, what is your assigned court date? _____		

### HOUSEHOLD INCOME

Do you or anyone living in your household receive rental assistance payments (examples: Housing Choice Voucher, Section 8, Senior Housing, Disabled Housing with rental assistance subsidies, other rental assistance programs)?	<input type="radio"/> Yes	<input type="radio"/> No
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Has anyone in your household been unemployed for 90 days or more?

Yes

No

**Please check all sources of income that your household received in the last 60 days ATTACH PROOF**

- Social Security Benefits
- Supplemental Security Income (SSI)
- Pension/Retirement Benefits
- Veteran's Benefits/Military Allotments
- Rental Income/Land Contract/Mortgage or other payment payable to a household member
- Disability Benefits
- Self-employment Income
- Unemployment
- Child Support
- Employment/Earned Income
- Worker's Compensation
- Money from family/friends
- Other (please list)

HOUSEHOLD MEMBER NAME (include primary applicant and all other adults and children living in household)	AGE	INCOME? YES/NO	WHAT IS THE SOURCE OF INCOME (From list above)	I HAVE PROVIDED PROOF OF INCOME FOR LAST TWO MONTHS OR 2020 TAX FORM 1040 FOR THIS PERSON

**ECONOMIC IMPACT STATEMENT**

I hereby swear under the pains and penalty of perjury that I have personal knowledge of the following facts as put forth in this written statement.

Since the March 13, 2020 when the COVID-19 Pandemic began (March 13, 2020), I/my household has (check all that apply):

- Qualified for unemployment benefits
- Experienced a reduction in income
- Incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID-19 that threaten my ability to pay the costs of the rental property when due

Provide a statement regarding how you have been economically impacted by COVID-19:

**LEASE INFORMATION**

PROPERTY NAME/NAME OF APARTMENTS		ADDRESS FOR LANDLORD/PROPERTY MANAGEMENT	
NAME OF LANDLORD/PROPERTY MANAGER	EMAIL FOR LANDLORD/PROPERTY MANAGER	LANDLORD/PROPERTY MANAGEMENT PHONE NUMBER	
Do you have a written lease? <input type="radio"/> Yes <input type="radio"/> No If no, do you have an oral lease? <input type="radio"/> Yes <input type="radio"/> No			
Is your lease month to month? <input type="radio"/> Yes <input type="radio"/> No If no, specify: Lease Beginning Date _____ Lease Ending Date: _____			
NUMBER OF BEDROOMS IN RENTAL PROPERTY	MONTHLY RENT AMOUNT	HOW MANY MONTHS OF RENT YOU ARE IN ARREARS/PAST DUE?	

**UTILITIES**

Do you need assistance with utilities? <input type="radio"/> Yes <input type="radio"/> No If yes, specify below			
<b>UTILITY</b>	<b>INCLUDED IN LEASE? YES/NO</b>	<b>STATUS (Current, Balance Due, Disconnection Notice, Disconnected)</b>	<b>ACCOUNT BALANCE</b>
<b>ELECTRIC</b>			
<b>WATER</b>			
<b>SEWER</b>			
<b>GAS</b>			
<b>TRASH</b>			

**Release of Information**

I understand that validating information contained in this application 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. I do hereby indemnify and forever hold harmless the landlord, from all actions and causes of actions, suits, claims, attorney fees, or demands against the landlord which I and my heirs may have resulting from the landlord’s discussing my account and/or providing any information concerning the rental account to Telamon Corporation housing staff.

**Privacy Policy**

Telamon is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your information may be provided to funders for program monitoring purposes. We may use anonymous aggregated case file information for reporting on and evaluating our services, gathering valuable research information, and designing future programs.

Release of your information to third parties

1. We may disclose some or all of the information that we collect to third parties as a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

Submission of this application indicates I have reviewed and understand the above Privacy Policy.

### **Complaint Resolution Process**

Telamon serves all members of the community. We do not engage in the practice of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, age, color, gender, national origin, or disability.

We are committed to providing you with a high-quality professional service. However, if you are not satisfied with the services provided or you want to make a complaint, we ask that you follow these guidelines:

Step One: Try to resolve the issue with the staff member involved, giving him or her specific information about your complaint.

Step Two: If Step One is not possible or the issue is not resolved to your satisfaction, email, write or call the Housing Director at 919-239-8157 or at [housing@telamon.org](mailto:housing@telamon.org).

Step Three: If your issue is still unresolved, you may appeal in writing directly to the Chief Executive Officer of Telamon Corporation. The Chief Executive Officer will provide a concluding decision to you within 15 days.

Step Four: If your issue is still unresolved, you may appeal in writing directly to the Telamon Governing Board Operations Committee. The Committee Chair will provide a concluding decision to you within 15 days.

### **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, Telamon Corporation 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 - House Wake! COVID-19 Financial Assistance Program. I understand that the information on this form may be checked by the Federal, State, County or City reviewer and I consent to this review. Furthermore, I understand that my application must be complete and include all necessary supporting documentation to be considered for the - House Wake! COVID-19 Financial Assistance Program. I agree to provide additional documentation within designated timelines to the Program Administrator if necessary.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION AND ALL REQUIRED DOCUMENTATION TO:**

Scan a copy and email to: [Housing@Telamon.org](mailto: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, contact Telamon Corporation at 1-919-899-9911 or [housing@telamon.org](mailto:housing@telamon.org).**