

CAP's Emergency Rent Assistance Application Checklist

Thank you for applying for CAP's Emergency Rent Assistance. In order for your application to be considered, you need to be a current CAP client. We will also need you to complete the attached forms:

Attached Forms

- CAP's Emergency Rent Assistance Application
- CAP's Landlord Release of Information, completed and signed
- Current Lease Agreement, Rent Increase Notice
- Landlord Notice (72 hr, Eviction)
- Eviction Court Documents (if applicable)
- Proof of Health Insurance (If you don't have health insurance or proof of insurance, we can help!)
- Proof of past due rent (if applicable)
- Proof of current balance in household bank account(s)
- Emergency Rent Assistance Goal Plan

In addition, we will need from you:

Income Verification for all members of the household 18 years of age or older. Use the table below to identify which type(s) of verification you are providing.

Type of Cash Income		Type of Verification Required
Government Benefits (TANF,SSI/SSDI, VA etc.)	<input type="checkbox"/>	Most Current Award Letter
Employment	<input type="checkbox"/>	Pay stubs from past 2 – 3 months
Unemployment Benefits	<input type="checkbox"/>	Award Letter dated within 30 days
No Income	<input type="checkbox"/>	CAP's Certification of Zero Income Form dated within 60 days
Other	<input type="checkbox"/>	Please ask!

**Other documents may be required depending on your unique situation.*

We recognize that this is a lot of information and we are here to help! To schedule an appointment to complete this application contact the Emergency Rent Assistance Coordinator at 503-278-3824.

Housing Status

What is the length of stay in your current situation: _____

Please select the option below that best describes your housing situation: _____

Homeless Situations (HUD)

- Place not meant for human habitation
- Emergency shelter, including hotel/motel paid for w/ES voucher or RHY funded Host Home Shelter
- Safe Haven

Institutional Situations (HUD)

- Foster care home or foster care group home
- Hospital or other non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Temporary and Permanent Housing Situations (HUD)

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client with GPD TIP housing subsidy
- Rental, with VASH subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client with RRH or equivalent subsidy
- Rental by client with HCV Voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other housing subsidy
- Owned by client, with other housing subsidy
- Owned by client, with ongoing housing subsidy

Other (HUD)

- Client Refused
- Client Doesn't Know
- Data Not Collected

Emergency Rent Assistance Application

Date: _____

CAP Staff Name: _____

Contact Information

Name (with middle initial): _____ Date of Birth: _____

Other Names Used: _____ Social Security Number: _____

Street address: _____

Mailing address (if different): _____ Is it okay for CAP to send you mail? _____

Primary phone #: _____ Secondary phone #: _____

Phone calls ok? _____ Discreet calls only? _____ Phone calls ok? _____ Discreet calls only? _____

Voicemail ok? _____ Discreet voicemail only? _____ Voicemail ok? _____ Discreet voicemail only? _____

Text ok? _____ E-mail ok? _____ E-mail address: _____

Household Composition

Complete the table below for every family member and significant other who lives with you. Not including roommates.

Household Member Name	Relationship to you	Date of Birth	Social Security Number	Gender	HIV+ (yes or no)

Property Manager Information

What name should the check be made out to? Where should the check be sent?

Name on check: _____

Contact Name: _____

Address: _____

Phone: _____

FAX: _____

E-mail: _____

Race/Ethnicity

Ethnicity

In the table below enter YES if **Hispanic/Latino** or No if **Non-Hispanic Latino** for you and everyone in your household.

If **Hispanic/Latino**, also choose a place of origin:

- a. Mexican, Mexican American, Chicano/a b. Puerto Rican c. Cuban d. Other Hispanic, Latino or Spanish origin

Race

In the table below, enter a race from the list below for you and everyone in your household.

- a. White b. Black/African American c. African d. American Indian/Alaskan Native
 e. Middle Eastern f. Slavic g. Asian h. Native Hawaiian/Pacific Islander
 i. Other Multi-Racial j. Other

If **Native Hawaiian/Pacific Islander**, also choose a place of origin:

- a. Native Hawaiian b. Guamanian or Chamorro c. Samoan d. Other

If **Asian**, also choose a place of origin:

- a. Asian Indian b. Chinese c. Filipino d. Korean e. Japanese f. Vietnamese g. Other

Household Members Name(s)	Ethnicity	Ethnicity origin (if Hispanic/Latino)	Race	Race origin (If Asian or Native Hawaiian/Pacific Islander)
Self				

Health and Safety

Do you have an HIV Healthcare Provider? _____ If yes, who? _____

Do you have a Medical Case Manager? _____ If yes, who? _____

What is the approximate date of the last HIV Healthcare appointment you attended? _____

Please select the type(s) of health insurance you currently have:

- None Medicare CAREAssist Medicaid/OHP Private-Employer Private-Individual Military IHS

Do you have dental insurance? _____

Do you have any physical, mental, financial or emotional safety concerns in your current living situation? _____

If not now, have you ever had any of the above safety concerns? _____ If yes, how long ago? _____

Have you ever been a survivor of domestic violence, dating violence, sexual assault, or stalking? _____

If yes, how long ago did the violence occur? _____

Are you currently fleeing, or trying to flee, a domestic violence situation? _____

Monthly Income and Expenses

Cash Income Employment, Unemployment, SSI/SSDI, TANF, VA, etc.			Non-Cash Income SNAP, WIC, Section 8, Rent Assistance, etc.	
Person	Cash Income Source	Monthly Amount	Non-Cash Income Source	Monthly Amount
Self				

Total Cash		Total Non-Cash	
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Expenses	Amount
Rent/Mortgage	
Utilities	
Food	
Phone	
Internet/Cable	
Medical	
Bus Fare	
Personal Items	
Credit Card	
Car Payment	
Car Insurance	
Gasoline	
Child Support	
Day Care	
Pets/Service Animals	
Other:	
Other:	
TOTAL	

Have you ever applied for Social Security Benefits? _____ Status of application: _____

Emergency Rental Assistance/Short Term Rent Assistance Eligibility

Do you live within an eligible service area?

- Clackamas
 Columbia
 Multnomah
 Washington
 Yamhill

Does your unit meet Fair Market Rent?

- (Studio) \$1,416
 (1 Bed) \$1,512
 (2 Bed)\$1,735
 (3 Bed) \$2,451
 (4 Bed) \$2,903

For what month are you requesting assistance? _____

What type of assistance are you requesting and how much?

Eviction Prevention/Rent \$_____ Application Fee \$_____ Security Deposit \$_____ Move in rent \$_____

Please describe your current financial situation and why you are requesting housing assistance:

What other steps have you taken to resolve your current situation before requesting assistance from CAP?

CAP requires that you have a plan to cover housing-related costs on your own. How will you pay rent next month?

CAP collects the following information to determine specific resource eligibility. These do not affect the application:

Do you have history with the criminal justice system? (Y/N) _____

Is your need for assistance related directly or indirectly to Covid-19 pandemic? (Y/N)_____ If yes, select all that apply:

- A loss of income or lack of work 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
 Other (please describe): _____

The information provided in this application is true and correct to the best of my knowledge. I understand that a false statement may disqualify me for services, including financial assistance.

Signature of Applicant: _____ Date: _____