

## 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!)

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 1 – 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!

**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 Short Term Rent Assistance Coordinator:

Amy LeSage · 503-278-3847 · alesage@cascadeaids.org

**Residence**

Which one of the following options best describes your current living situation?

**Homeless Situation**

- Place not meant for human habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

**Institutional Situation**

- Foster care home or foster care group home
- Hospital or other residential 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

**Transitional and Permanent Housing Situation**

- Hotel or motel paid for without emergency shelter voucher
- Owned home, no ongoing subsidy
- Owned home, with ongoing subsidy
- Permanent housing for formerly homeless persons
- Rental, no ongoing subsidy
- Rental, with VASH subsidy
- Rental, with GPD TIP subsidy
- Rental, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)

How long have you been in your current living situation?

- \_\_\_\_\_

# CAP's 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

Please complete the table below for everyone who lives in your household.

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			Non-Cash Income	
Person	Cash Income Source	Monthly Amount	Non-Cash Income	Monthly Amount
Self				

<b>Total Cash</b>		<b>Total Non-Cash</b>	
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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	
Memberships/Subscriptions:	
Other:	
<b>TOTAL</b>	

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) \$1,026
- (1 Bed) \$1,132
- (2 Bed) \$1,330
- (3 Bed) \$1,935
- (4 Bed) \$2,343

For what month are you requesting assistance? \_\_\_\_\_

\*For two or more months assistance, complete the Short Term Rent Assistance Service Agreement.

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:

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

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

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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: \_\_\_\_\_