



City of Toledo Emergency Renter Assistance Fund (ERAF) Application Form

Applicant (Head of Household):

_____ Last Name First Name Middle Initial

Date of Birth _____

Co-Applicant (If applicable):

_____ Last Name First Name Middle Initial

Date of Birth _____

Names of other people living in household:

_____	_____	_____
Full Name	Relationship	Date of Birth
_____	_____	_____
Full Name	Relationship	Date of Birth
_____	_____	_____
Full Name	Relationship	Date of Birth
_____	_____	_____
Full Name	Relationship	Date of Birth
_____	_____	_____
Full Name	Relationship	Date of Birth

Has anyone else living in this household received assistance from this program? Yes No

Current Address: _____ Toledo OH _____
No. Street Apt. # City State Zip Code

Home Telephone No: _____ **Cell Telephone No:** _____

Number of Children/dependents living with you: None 1 2 3 4 5 6 7+

Name of school any school-aged children living with you attend: _____

Are you _____ Pregnant? _____ Disabled? _____ Frail? Please explain nature of checked conditions:

DEMOGRAPHICS

Gender: Male Female Transgender Other

Race: African American/Black Asian Bi-racial Caucasian/White Hawaiian/Pacific Islander
 Multi-racial American Indian/Alaskan Native Other

Ethnicity: Hispanic Non-Hispanic

Primary Language: English Spanish Polish Chinese Arabic Other

Highest Grade Completed: No High School Diploma GED High School Diploma Some College
 AA Degree Bachelor's Degree Master's Degree Doctoral Degree

Currently Enrolled in School/Training? Yes No

Currently Employed? Yes No **For Past 12 Months, Number of Months Worked?** _____

Marital Status: Single Married Widowed Separated Divorced Domestic Partner

Military Status: Active Duty Veteran Spouse of Active Duty Spouse of Veteran Never Served

Veteran Benefit Status: Currently receiving Currently not receiving Never received

Health Insurance: Private Insurance through an Employer Government Insurance Program
 Private Insurance not through an Employer No Insurance

MONTHLY HOUSEHOLD INCOME

Employment Status:

Please list last date of employment: _____ Are you unemployed due to COVID 19? Yes* No

Have you experienced a recent loss in wages or hours due to COVID-19? Yes* No

**Applicant must attach unemployment claim information from ODJFS, and/or paystubs, bank statements and/or letter from employer to prove loss of employment/income due to COVID-19.*

If unemployed:

Are you physically/emotionally able to work? Yes No

Have you been looking for work? Yes No

Are you involved in a job training program? Yes No

Does anyone else in your household work? Yes No

Please list income received by **ALL** family members: (All sources of income includes earnings from full-time, part-time, seasonal jobs, cash assistance payments, SSI/SSA, pensions, child support, alimony, unemployment, foster care payments, adoption payments, any income received on behalf of children, etc.)

Type of Income	Name of Person Receiving Income	Name of Agency/Company	Contact Number of Company/Agency	Gross Monthly Income
<input type="checkbox"/> Part <input type="checkbox"/> Full	_____	_____	_____	\$ _____
<input type="checkbox"/> Part <input type="checkbox"/> Full	_____	_____	_____	\$ _____
<input type="checkbox"/> Part <input type="checkbox"/> Full	_____	_____	_____	\$ _____

Additional income:

Type of Benefit	Name of Person Receiving Benefit	Gross Monthly Benefit
TANF	_____	\$ _____
SOC SECURITY	_____	\$ _____
DISAB/WORK COMP	_____	\$ _____
CHILD SUPPORT	_____	\$ _____
UNEMPLOYMENT	_____	\$ _____
SNAP BENEFIT	_____	\$ _____
CARES ACT STIMULUS PAYMENTS	_____	\$ _____
OTHER (please specify)	_____	\$ _____

TOTAL HOUSEHOLD MONTHLY INCOME (WAGES AND ADDITIONAL INCOME): \$ _____

HOUSING STATUS

Are you able to pay your rent on time most months? Yes No

Are you facing eviction due to late or missing payments as a result of COVID-19? Yes No

If yes, what is the amount of arrearage owed?: _____

***Please attach a copy of your current lease to this application.**

Are you currently enrolled in a rental assistance program? Yes No

If yes, what program: _____

Are you currently enrolled in the Section 8 program? Yes No

Is your current housing classified as "affordable housing"? Yes No
(i.e. is your rent based on your income?)

How long have you lived at your current location? _____

How many times have you moved in the last 3 years? _____

Why did you move from your last residence? _____

Homeless Status: Have you ever stayed in a shelter? Yes No

If so, when? _____

MONTHLY HOUSEHOLD EXPENSES

Utilities

Does your household have these basic utilities: phone gas/propane water electricity

Have you been able to pay your utility bills on time? Yes No

Are you currently enrolled in any utility assistance programs? Yes No

Please list amount of monthly amount spent on the following:

Utilities (gas, electric, water, & phone combined) \$ _____

Food Expense \$ _____

Transportation \$ _____

Insurance \$ _____

Other Debt Payments (credit cards, loans, car notes combined) \$ _____

Rent Amount \$ _____

TOTAL HOUSEHOLD MONTHLY EXPENSES: \$ _____

For Internal Use Only

To be completed by FOC Coach:

AMI = _____ %

SELF ASSESSMENT

In your opinion, what are top 3 problems that are threatening your current housing situation and/or have put you in the position of needing help with your rent?

1.

2.

3.

RELEASE OF INFORMATION

I, _____ hereby give permission to the NeighborWorks Toledo Region and Lutheran Social Services of NW Ohio, Financial Opportunity Center (FOC) to share any of the above information with their partnering agencies and funders in order that the FOC might handle my request for services in the most efficient manner possible. I am willing to be contacted at home by staff from the FOC for the purposes of this program and program evaluation. I agree that this Release of information shall remain valid for 18 months from the date listed below.

Signature: _____

Date: _____

In signing this application form I also understand the following:

- 1. Rental Assistance is not guaranteed.**
- 2. All information will need to be verified before any rental assistance is given.**
- 3. All documents listed on the attached Document Checklist must be attached to this application.**
- 4. Funding for the ERAF program is provided by the CARES ACT and that I will not duplicate CARES Act benefits.**
- 5. The information that the client (person applying) provides is truthful, complete and accurate.**

Client Signature _____

Date _____

NTR FOC Coach Signature _____

Date _____

For Internal Use Only

To be completed by Intake Specialist:

Date Application Received by FOC: _____

Application Complete? Y or N

If No, date complete application/document verifications received? ____

Date Eligibility Determined: _____

Date Initial Appointment set with Coach: _____

To be completed by Coaching Staff:

Date of Initial Meeting: _____

DOCUMENT CHECKLIST

- Copy of valid photo ID with same name as current lease
- Paystubs, unemployment claim verification, or letter from employer proving unemployment, reduced hours or lost income due to COVID-19
- Copy of a written, signed lease for an apartment/house located in the City of Toledo
- Proof of late payment/delinquency in form of letter from landlord, 3 Day Notice or eviction Summons/Complaint
- Bank statements for the past 60 days
- Completed Housing Conditions Survey Form