

COVID-19 Rent/Mortgage Assistance Intake Application

Amount Due: _____ Past Due: _____ Due Date: _____

Head of Household

SSN: ____-____-____

First & Last Name: _____ Date of Birth _____

Address: _____ Apt # _____

City _____ State _____ Zip code _____ County _____

Phone Number _____ 2nd Phone Number _____

How has COVID-19 impacted you? Please check all that apply.

____ Tested Positive ____ Quarantined

____ Lost Job ____ Hospitalized

____ Job Closing ____ Child's School Closing

____ Layoff ____ Child sick with COVID-19

____ Other Please explain: _____

Personal Information. Please check all that apply.

Homeless: ____ YES ____ NO Gender: ____ Female ____ Male Age: _____

Race or Ethnicity: ____ White ____ Hispanic, Latino, Spanish ____ Black or African American

____ American Indian or Alaska Native ____ Middle Eastern or North African

____ Native Hawaiian or other Pacific Islander ____ Asian ____ Other

Marital Status: ____ Single ____ Married ____ Divorced ____ Widowed ____ Domestic Partner

Military Status: ____ Active Duty ____ Retired ____ Reservist ____ Veteran ____ Not Applicable

Employment: ____ Employed Full-Time ____ Employed Part-Time ____ Working Multiple Jobs

____ Self-Employed ____ Retired ____ Unable to Work due to a Disability ____ Unemployed

Government Benefits: ____ Disability ____ Social Security ____ Veteran Benefits ____ Unemployment

____ SNAP (food stamps) ____ WIC ____ TANF ____ Medicaid/Sooner Care

____ Medicare ____ Not Applicable

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Members of Household Information: Please list each additional resident for the household listed on application. If needing to list additional family members please list on another sheet of paper and attach to application.

First Name	Last Name	Date of Birth	Gender Identity	Race or Ethnicity	Relationship to Head of Household
1.					
2.					
3.					
4.					
5.					
6.					

Gross Income for Household: Please circle household size and income of your household.

Household Size	Annual	Monthly	Weekly
1	\$32,350.00	\$2,695.00	\$622.00
2	\$36,950.00	\$3,079.00	\$710.00
3	\$41,550.00	\$3,462.00	\$799.00
4	\$46,150.00	\$3,845.00	\$887.00
5	\$49,850.00	\$4,154.00	\$958.00
6	\$53,550.00	\$4,462.00	\$1,029.00
7	\$57,250.00	\$4,770.00	\$1,100.00
Each additional family Member add.....	+ \$4,600.00	+ \$383.00	+ \$88.00

By signing below, you acknowledge that all information provided on this application is true and correct. By signing you understand and grant Operation C.A.R.E. Ministries Inc. and the CDBG-CV to use and share your information. Any assistance provided through this program is determined on a case-by-case basis.

For Volunteer Office Use Only below: _____ Utility Bill Attached _____ Covid Documents _____ Rent Document Attached _____ Verified By	For C.D.D. USE ONLY BELOW: Check # _____ Amount \$ _____ Verified by: _____
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