|  |  |  |  |
| --- | --- | --- | --- |
| **A. RESIDENT** | **B. ADDRESS** | **C. LEASE TERM** | **D. MONTHLY RENT** |
|  |  |  |  |

**REQUEST FOR RENTAL ASSISTANCE FORM DUE TO COVID-19**

1. **What type(s) of assistance are you seeking? Check all boxes that apply.**

|  |  |
| --- | --- |
| * Rent Deferral | * Waiver of Late Fees |
| * Adjusted Rent Payment Schedule | * Repayment Plan |

1. **Why are you seeking assistance at this time?**

|  |  |
| --- | --- |
| * Permanent Lay-off | * Temporary Lay-off |
| * Reduction of Hours | * Reduced Pay |
| * Spouse or Partner Lay-off | * Other   Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Employer Information.**

* I am or was employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* My supervisor is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who can be contacted via the following

phone number, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Consent for Employer Verification.** I verify that the above information is true and accurate to the best of my knowledge. I hereby consent to allow my landlord, [INSERT APARTMENT COMPLEX NAME], to contact my employer for the purpose of discussing and verifying the above information. I understand that the above information will only be used for the purpose of assessing my eligibility for any rental assistance in response to the Covid-19 pandemic, and I consent to the use of such information for this purpose.

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Resident Signature Date