



Application for Individual & Family Assistance

Contact Information

Full Name	Email
Address	Zip Code
Phone Number	Property Name
Employer Name	Employer Phone Number
Employer Address	

Housing Cost

1. Do you rent or own your current home? Own Rent
2. If renting, what size is your current unit?
3. How much is your monthly / mortgage rent payment?
4. Do you pay utilities to your landlord?
5. Are you behind on your utilities and / or rent?
6. What is your past due rent / mortgage balance?
7. Do you receive any other type of rental assistance or rent relief benefit (such as from a non-profit or faith based organization)?
8. Have you received any rental assistance through the State of Arizona or Federal Government?

Household Composition

- Please provide information for everyone living in this household starting with the leaseholder and spouse/partner, if any.
- Continue to list the names and ages of every person who lives in your house from oldest to youngest.
- For Employment Status, please use the list on the right.

Employment Status

1. Working Full-time
2. Working Part-time
3. Self- Employment
4. Unemployment, looking for work
5. Unemployment, not looking for work
6. In-job training
7. Temporarily laid off
8. Retired
9. Permanently disabled
10. Temporary disability
11. In school
12. Something else, specify

Name	Gender	Age	Position or Employment Type, if applicable	Relationship to Leaseholder	Disabled Yes/No	Employment Status

2020-21 CDBG Income Limits

Number of persons in household	With gross annual income not to exceed:	Number of persons in household	With gross annual income no to exceed:
1	\$36,200	5	\$55,850
2	\$41,400	6	\$60,000
3	\$46,550	7	\$64,150
4	\$51,700	8	\$68,250

Current Household Income

In the table below, please list each member of your household and their gross income (before taxes and deductions) since you were laid off or your hours reduced. Start with Head of Household.

- Employment and Wages - Includes full-time employment, part-time employment and overtime.
 - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly). For Example:
- Social Security and Pensions - includes retirement benefits, disability insurance benefits, social security benefits and social security disability
- Public Assistance - Includes unemployment benefits, public assistance income, student financial aid, temporary assistance for needy families, rent relief, supplemental security income
- Other Income - Includes self-employment, contract child support, rent income.
 - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly). See example below on first row.

Name Nombre	Employment and Wages Ingreso de Salario	Social Security and Pensions Seguro Social y Pensiones	Public Assistance Asistencia Pública	Other Income \$1,000.00 monthly \$1,000.00 mensual	Total Income Ingreso Total
Rose Smith	\$3,350.00 monthly \$3,350.00 mensual	\$ 0.00	\$ 0.00		\$4,350.00
Total Household Income, including/confirming pay frequency					\$ 0.00

Race/National Origin for Head of Household

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)

- American Indian/Alaskan Native (not Hispanic or Latino)

- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Hispanic or Latino
- Prefer not to answer

Required Documentation:

- A. Proof of Income: Income tax return, letter from employer, pay stubs, social security or disability income statement, retirement benefits letter or statement, child support statement.
- B. Proof of Loss of Income: Please provide any of the following applicable documents: layoff, furlough, or involuntary termination notices, letters from the employer, or other verification of loss of income provided by the employer. For gig workers, printouts of all payments made the by the gig employer(s) to the worker during the months where income was lost. If none of these are available, we will contact the gig employer for
- C. Asset Certification Form (Attachment A):
- D. Landlord Authorization (Attachment B):

Certifications

I certify that the information provided in this application as well as information contained within any and all documents required to be submitted as part of this application are true and accurate under penalty of perjury. Under Section 1001 of title 18 of the United States Code, it is a federal crime to knowingly and willfully make a materially false, fictitious, or fraudulent statement in any matter within the jurisdiction of the executive, legislative, or judicial branch of the United States. Copies of required documents are included with this application.

Name _____

Signature _____

Date _____



Appendix A. Asset Certification

Complete only ONE form per household; include assets of children

**Applicant / Tenant
Address and Unit Number**

Complete 1 or 2:

- 1. I/we do not have any assets at this time (**skip to #3**)
- 2. I/we do have assets as follows:

Cash on hand	\$ 0.00
Average 6 Months Checking Account Balance	\$ 0.00
Equity in Real Estate	\$ 0.00
Lump Sum Amounts Received	\$ 0.00
Interest / Dividend Income	\$ 0.00
Rental Income	\$ 0.00
Other: lottery/inheritance/insurance/lawsuit	\$ 0.00
Total Assets	\$ 0.00

- For all assets list the cash value, which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment.
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.
- Answer all items. If you do not have a specific type of asset, write "N/A."
- If "**Total Assets**" from Line 2 above is greater than \$5,000, then multiply by .02 to calculate Total Income from Assets; otherwise type N/A.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of a lease agreement.

Signature of Tenant
Signature of Tenant
Signature of Tenant

Date
Date
Date



Appendix B. Landlord Authorization

This authorization is a commitment by the City of Prescott that the payment described below will be made to the Landlord on behalf of the participating tenant when this form is certified and signed by the landlord and returned to the Chamber of Commerce.

To Landlord
Address
Phone
Fax
Email

From Prescott Chamber of Commerce
Address 201 S Cortez St.
Phone 703.746.4990

Reference Prescott Cares Program
Tenant Name
Property Address

Rent Arrearages of \$ **0.00** for period from _____ to _____

Name and Title of Authorized Agency Representative

Signature

Date

I certify that _____ (name of property) is owed the above amount, and that as its designated agent and representative, I have entered into a payment arrangement with the above-named tenant for any unpaid portion of their rent balance. I will make individual repayment agreements with the above-named tenant available to the City for review upon request.

I understand that in making this payment, the City is working to reduce the tenant's future repayment burden and reduce the tenant's financial hardship related to COVID-19. While the City will continue to work with tenants to identify resources and assistance, including to pay rent, but that any unpaid portion of the rent balance remains the responsibility of the tenant. If the tenant does not pay the unpaid portion of the rent according to the repayment agreement, I understand that I may be able to take legal actions against the tenant, but I agree that in exchange for this payment I will only institute legal action, including an eviction proceeding, after consultation with the City of Prescott Community Development Department.

I also understand that I may pursue legal actions, including those which may result in an eviction if the above-named tenant violates other terms of their rental agreement.

Landlord Name

Landlord Signature

Date

For Agency Use Only		
Authorization has been	<input type="checkbox"/>	Revoked in entirety
Agency Representative Receiving Request	<input type="checkbox"/>	Partially revoked
Notification that authorization was revoked was by	<input type="checkbox"/>	Letter (Attach Copy)
	<input type="checkbox"/>	Telephone In Person