



# CARES Housing Assistance Program (CHAP)

## Client Application

<b>Today's Date:</b>  <b>What type of assistance is needed?</b> <input type="checkbox"/> Rental <input type="checkbox"/> Utility <input type="checkbox"/> Mortgage
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<b>Last Name, First Name, Middle:</b>		<b>Date of Birth:</b>	<b>Age:</b>	<b>SSN # (not required):</b>																												
<b>Current Address:</b>		<b>Telephone Number:</b>		<b>Email Address:</b>																												
<b>City, State, Zip:</b>																																
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>US Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In-Process	<b>Primary Language:</b>	<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know Refused <input type="checkbox"/> Data not Collected																													
<b>Specify Racial Group (1 or More):</b> <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other Racial Group	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Non-Conforming <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused to Answer	<b>Marital Status (check one):</b> <input type="checkbox"/> Single/never married <input type="checkbox"/> Married <input type="checkbox"/> Separated/partner left <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together <input type="checkbox"/> Other:	<b>Housing Status:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Housed and at Risk of Losing Housing <input type="checkbox"/> Eviction Pending <input type="checkbox"/> Stably Housed																													
<b>HOUSEHOLD SIZE:</b> # of Adults _____  # of Children (under 18) _____	<b>Disabling Condition:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what type: _____ _____	<b>Prior Living or Housing Situation (over 30 days):</b> <input type="checkbox"/> Rental by client with no ongoing subsidy <input type="checkbox"/> Rental by client with ongoing subsidy <input type="checkbox"/> Owned by client with no ongoing subsidy <input type="checkbox"/> Owned by client with ongoing subsidy <input type="checkbox"/> Other: _____																														
<b>Current Household Monthly Income:</b> <input type="checkbox"/> Zero Income <input type="checkbox"/> \$1-\$250 <input type="checkbox"/> \$251-\$500 <input type="checkbox"/> \$501-\$1000 <input type="checkbox"/> \$1001-\$1500 <input type="checkbox"/> \$1501-\$2000 <input type="checkbox"/> Over \$2001  Total Household Monthly Amount: \$ _____	<b>How were you impacted by COVID-19 (check all that apply):</b> <input type="checkbox"/> Loss of employment <input type="checkbox"/> Reduction in work hours <input type="checkbox"/> Furlough from employment <input type="checkbox"/> Reduction in income/salary due to reduced business revenue  <b>Other (please specify):</b> _____ _____ _____																															
<b>Please Tell Us About Your Employment Status And Other Sources Of Income/Assets</b> <b>Current Employment Status:</b> <input type="checkbox"/> Full-time (35 hours or more weekly) <input type="checkbox"/> Part-time (17 – 34 hours weekly) <input type="checkbox"/> Irregular (less than 17 hours weekly) <input type="checkbox"/> Laid off, date: _ <input type="checkbox"/> Not employed, but looking <input type="checkbox"/> Employed but not working due to COVID-19 Shelter in Place and closing of non-essential businesses <input type="checkbox"/> Retired <input type="checkbox"/> Still in School	<b>Please List <u>All</u> Household Members</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">Age</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>					Name	Relationship	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Has anyone in the household received cash income from any source listed below in the last 30 days?

Yes  No

**Enter Income Sources and Amounts [Last 30 Days]**

\$ _____ Earnings [Job or Commission]	\$ _____ Veteran's Pension
\$ _____ Unemployment Insurance [UI]	\$ _____ Pension from Employment
\$ _____ Worker's Compensation	\$ _____ Private Disability Insurance
\$ _____ Veteran's Disability Payments	\$ _____ Alimony or Spousal Support
\$ _____ Social Security Disability Insurance [SSDI]	\$ _____ Child Support
\$ _____ Supplemental Social Security [SSI]	\$ _____ Social Security Retirement
\$ _____ Other Cash Income (tax return, Economic Impact Payment, _____)	

Did you file your 2019 tax return?  Yes  No      Did you file your 2018 tax return?  Yes  No

Are you receiving Unemployment Insurance Benefits?

Yes, \$ \_\_\_\_\_ per week       No, Denied       No, currently employed

If denied benefits, did you file an appeal?  Yes       No Date appeal filed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

If you are unemployed and have no income: How have you been paying your household/living expenses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been served with an **eviction notice** or **utility termination** (shut-off) notice?

Yes  No  Not Yet  Does Not Apply (**NOTICE MUST BE ATTACHED TO APP**)

Do you have a **Lease**, Rental Agreement or other legal contract for the housing you are residing in?

Yes  No, Explanation: \_\_\_\_\_

Are you currently being assisted with Section 8, Public Housing, or a Tax-Credit Unit?

Yes  No  Don't Know  Does Not Apply

Are utilities included in your rent?  Yes  No  Does Not Apply

What other assistance have you applied for and where else have you tried to get help? What was the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I hereby certify, under penalty of fraud and perjury that all information provided on this application is true and correct. I also certify that the all income resources and assets available to my household are listed in their entirety on this application and I give my permission for all information to be confirmed and/or verified. I fully understand that any information or documentation provided that is untrue can be used to deny my household the services for which I am applying and may also be used in civil or criminal prosecution. Falsification or omission of any information on this application, any program paperwork or any other documents may cause denial and/or termination of any program services offered.***

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**