Rental Assistance Application Procedure

(Applicant)

- OBTAIN THE APPLICATION
- **COMPLETE THE APPLICATION IN ITS ENTIRETY**
- GATHER ALL THE REQUIRED DOCUMENTATION FROM THE CHECK LIST
- HAVE YOUR LANDLORD COMPLETE THE LAST PAGE (LANDLORD STATEMENT) AND **RETURN THE FORM TO YOU**
- **CALL THE OFFICE TO SCHEDULE YOUR IN-PERSON APPOINTMENT**
- **BRING THE COMPLETED APPLICATION & ALL DOCUMENTS WITH YOU TO THE IN-PERSON APPOINTMENT**

Tameka Browder, Deputy Director
219-755-3230
polktx@lakecountyin.org

HOMELESS PREVENTION ASSISTANCE CHECKLIST

- ☐ Verification of All Assets (last 2 months of both Checking & Savings Accounts)
- ☐ Photo I.D (**all adults on lease/mrtg & in household)**
- ☐ **ALL** Income Verification (i.e.: 3 months Check Stubs, Award Letter, Child Support, etc.)
- ☐ Complete current Lease ~ or ~ Current Mortgage Statement
- ☐ Late Notice ~ Eviction Notice
- ☐ Verification letter from Shelter (if applicable)
- ☐ Proof of Address (current utility bill or current piece of mail)
- ☐ Identification for all minor children (Birth Certificate, or school I.D, or official I.D, etc.)

DO NOT WRITE BELOW THIS LINE! FOR OFFICE USE ONLY!

- ☐ 80% Median Income
- ☐ 50% Median Income
- ☐ 30% Median Income
- ☐ Necessary to avoid eviction/foreclosure
- ☐ Can make regular payment by next due date
- ☐ Exhausted other means of obtaining assistance
- ☐ Remaining Balance to Landlord/Mortgage Company (Proof of pledges, or rental receipts
- ☐ Check payable to client and Mortgage co. or Landlord
- ☐ Priority client (Veterans, Homeless): _____
- ☐ Applied for assistance with another agency
- ☐ Delinquent Rent; Security Deposit; Mortgage Relief

LAKE COUNTY COMMUNITY ECONOMIC DEVELOPMENT DEPARTMENT

Homeless Prevention Program

Date of Application: _____ Intake Personnel: _____

PLEASE PRINT

Name: _____ Date of Birth: _____

Co Applicant Name: _____ Date of Birth: _____

Social Security # _____ Race: _____

Ethnicity: ☐ Hispanic ☐ Not Hispanic # of Child(ren) age(s): _____

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Widowed ☐ Divorced ☐ Living Together

Address: _____ _____ _____ _____ _____
Street Unit # City State Zip

Phone: _____ _____
Email Address

Are you disabled? ☐ YES ☐ NO Are you 62 or older? ☐ YES ☐ NO

Are you living in Section 8 housing or subsidized housing? ☐ YES ☐ NO

Are you living in a trailer and/or trailer park? YES ☐ NO ☐

Type of assistance? ☐ Mortgage ☐ Delinquent Rent ☐ Security Deposit

Total amount Delinquent: $_____.____

Are you currently employed? ☐ YES ☐ NO

If no, last date of employment? _____

Have you ever requested assistance from our department? ☐ YES ☐ NO

Have you ever received funding from our department? ☐ YES ☐ NO

If so, when? _____ What type? ☐ HOME ☐ CDBG ☐ ESG ☐ NSP

After our assistance will you be able to maintain the rental obligations in a matter to prevent future evictions and/or late notices? ☐ YES ☐ NO ☐ NOT SURE

How long at this address? Years _____ Months _____ Rent/Mortgage Payment $ _____

Name of Landlord or Mortgage Company: _____

If this is for security deposit what is your *Projected Move-In Date?* _____

FOR MORTGAGE CLIENTS

Type of Mortgage: ☐ **FHA-Insured** ☐ **VA Guaranteed** ☐ **Conventional** ☐ **HUD-Held**

Loan # _____ **Original Loan Amount $** _____ **Mortgage Balance $**_____

Interest Rate: _____ **Term:** _____ **Appraised Value $**_____

***Description of cause of problem; (Why do you need assistance?):**

_____

_____

_____

_____

_____

***Plan of action; (How are you going to remain on track for next month?):**

_____

_____

_____

_____

_____

Clients Signature: _____ **Date:** _____

***Incomplete applications will not be processed, please make sure to submit all information requested. ***

Income Verification Chart

Source of Income	Monthly Amount	Start/End Date

Please list **ALL** sources of income (including employment, social security, pensions, child support, etc.)

Employment Pay schedule

Pay Rate: $_____ p/hr. Weekly ☐ Bi-Weekly ☐

LIST NUMBER OF PEOPLE IN HOUSEHOLD: _____

Name: **Age:**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

PROOF OF PLEDGES/REMAINING BALANCE

Client's Name: _____

* List the contact information of any persons or entities assisting with your balance. (i.e. family, friends, Township, Catholic Charities) *

Name of Agency	Contact Person	Pledge Amount	Phone #
EXAMPLE: Salvation Army	*Jane Doe*	*$750.00*	*555-0102*

HOUSEHOLD EXPENSES

	PER MONTH		PER MONTH
Rent/Mortgage:	_____	Food:	_____
Utilities:	_____	Transportation:	_____
Other:	_____	Telephone:	_____

GRAND TOTALS $_____

FOR MORTGAGE CLIENTS BELOW

List of your debts below, including doctor bills, charge accounts, utility bills, car payments, appliances, second mortgages, and liens against the property:

To Whom Owed	Monthly Payment	Past Due Amount

Only complete form if you have NO INCOME coming into the home

LAKE COUNTY HOMELESS PREVENTION PROGRAM

Zero Income Affidavit

I, _____ have applied for the rental assistance program through the Lake County Homeless Prevention Program. Program regulations require verification of all income from participating households of each household member over the age of 18 without any income.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses.
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay
- Public Assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

I have stated during this verification process that I have no income at this time. I have not received income since _____ (date). I do not expect to receive any income until _____. I applied for (other financial assistance) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form will disqualify me from participating in the Homeless Prevention Program and will be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. & 3801-3812.

I, certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing within ten (10) business days of such change.

Signature: _____ Date: _____

Witness: _____ Date: _____

VERIFICATION OF EMPLOYMENT

Please complete this form

Lake County Community Economic Development Department
2293 North Main Street 310A
Crown Point, Indiana 46307
Attn: Tameka Browder

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME/CDBG program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Name of Employer/Business:

Employed since: _____ Occupation: _____
Salary: _____ Full time/ Part time: _____

Base pay rate:
$_____/hour; or $_____/week; or $_____/month

Average hours per week at base pay rate: _____

No. Weeks worked per yr._____

Overtime pay rate: $_____/hour

Expected average number of hours overtime worked per week during next 12 months _____

Any other compensation not included above
(specify for commissions, bonuses, tips, etc.):

For: _____ $_____ per _____

Paid vacation? _____ No. of days/yr._____

Total base pay earnings for past 12 mos. $_____
Total overtime earnings for past 12 mos. $_____
Probability & expected date of any pay increase: _____

Does the employee have access to a retirement account?
☐ Yes ☐ No

If Yes, what amount can they get access to $_____

****

RELEASE: I hereby authorize the release of the requested information.

_____
Signature of Applicant

Date:_____

_____

_____

_____

_____

Telephone: _____

****

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

****

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.

LAKE COUNTY
COMMUNITY ECONOMIC DEVELOPMENT DEPARTMENT
2293 N. Main Street • Crown Point, In 46307
Tel. (219) 755-3225 • Fax (219) 736-5925
www.lakecountyin.org

Executive Director
Timothy A. Brown

Homeless Prevention Program

On behalf of Lake County Community Economic Development Dept., thank you for entrusting us to assist you at this time.

You have completed the application and presumably have ALL the necessary documents needed to process your application. If ALL required documents (including the attached Landlord Statement) are not submitted at the specified time, your application will NOT be processed. Please note that we are taking into consideration all evictions, late notice, move in dates and deadlines.

Assist LCCEDD in helping you by having ALL required documents upon the submission of your completed application. Once you have done so, the determination of eligibility of your case will begin. Program aid has a maximum amount of $1,000.00. With the assistance of this program your balance must be at zero ($0.00), meaning no delinquency is owed after LCCEDD payment is rendered. Proof of applicant's paid balance must be submitted to LCCEDD. The payment must be made out to the Landlord/ Property Management or Mortgage Company, along with documented proof of pledges. Plan to have this done ASAP.

- **If denied written notification will be sent to applicant.**
- **Approval letter and/or correspondence will be given to applicant.**
- **Checks will be mailed to Landlord/Property Management, Mortgage company. Payments are mailed to the address provided on the Landlord Statement or the current mortgage statement.**
- **Assistance is only available one time per household within a five-year time frame.**

I understand and agree to these terms. I also understand that failure to adhere to this Notice can/will result in my application denial.

_____

Signature of Applicant / Printed Name/ Date

LAKE COUNTY
COMMUNITY ECONOMIC DEVELOPMENT DEPARTMENT
2293 N. Main Street • Crown Point, In 46307
Tel. (219) 755-3225 • Fax (219) 736-5925
www.lakecountyin.org

Executive Director
Timothy A. Brown

LANDLORD STATEMENT

DATE: _____

TENANT(S) NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

LEASE TERMS (DATES): _____

MONTHLY RENT: _____

CURRENT AMOUNT OWED $: _____ ☐ **DELINQUENT RENT** ☐ **SECURITY DEPOSIT**

LANDLORD PRINTED NAME: _____

LANDLORD PHYSICAL ADDRESS: _____

E-MAIL ADDRESS: _____

LANDLORD'S TELEPHONE: _____

BY SIGNING THIS OFFICIAL DOCUMENT, I CERTIFY THAT I AM THE LEGAL LANDLORD/REPRESENTATIVE OF THE AFOREMENTIONED AND THAT THE NAMED CLIENT IS THE CURRENT LEGAL TENANT. I ALSO CERTIFY THAT THE AMOUNT STATED IS ACCURATE AS OF THE DATE ABOVE. UPON PAYMENT(S) TENANT WILL BE CURRENT AND HAVE A ZERO BALANCE.

LANDLORD'S SIGNATURE: _____ DATE: _____

LANDLORD'S PRINTED NAME: _____

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN _____ COUNTY, INDIANA THIS____ DAY OF 20____.

MY COMMISSION EXPIRES: _____ _____
Notary Signature

** OTHER THAN A BUSINESS (i.e. apartment complex, mortgage company, property office, etc.) STATEMENT MUST BE NOTARIZED. **