

FAYETTEVILLE HOUSING AUTHORITY
WASHINGTON COUNTY EMERGENCY RENTAL ASSISTANCE APPLICATION
You can also fill out this application at www.NWARentRelief.com

Applicant Name _____

Address _____

City, State, Zip _____ **County** _____

E-mail Address _____

Phone _____ **Can you receive Text messages?** Yes No

Race _____ **Ethnicity** Hispanic Non-Hispanic **Gender** _____ **Date of Birth** _____

HOUSEHOLD COMPOSITION &

INCOME:

Name of Household Member(s)	Date of Birth	Age	**Current Monthly Income Amount (All Forms)	Type of Income or Employer's Name (if applicable)	Employer's Phone Number (if applicable)

**Income includes all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

- Has your household income decreased since March 1, 2020? Yes No
 If yes, what was your household income on March 1, 2020? \$ _____
 Can you provide proof if requested? Yes No
- Is any household member currently unemployed? Yes No
 If yes, have they been unemployed longer than 90 days? Yes No
- Did you have increased expenses due to Covid-19? Yes No

HOUSING INFORMATION: (check one)

- Renting Living with family/friends due to Covid-19
 Homeless due to Covid-19 Homeowner (Not Eligible)

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4. How much is your monthly rent amount? \$_____
5. Do you owe your landlord overdue rent? Yes No
If yes, how much do you owe? \$_____
6. Name of landlord or property manager_____
- Phone Number_____
7. Are you facing housing instability or homelessness? Yes No
8. Have you lost your housing because of Covid-19? Yes No
9. Are you presently receiving any type of housing assistance Yes No
If yes, please explain _____
10. Are you currently experiencing, or have you recently fled domestic violence? Yes No
Peace at Home is available to help, contact them at 877.442.9811 when it is safe for you to do so.

APPLICANT CERTIFICATION:

_____ I certify that the information given to the Fayetteville Housing Authority on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by Federal Law.

_____ I certify that I understand that Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly or willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

SIGNATURE PRIMARY APPLICANT

DATE

If you cannot be reached, please provide a secondary contact:

Name _____

Phone _____

If you are landlord or property manager completing this application on behalf of a tenant, please sign:

SIGNATURE PROPERTY MANAGER

DATE