

**2146 E. Apache Blvd Tempe, AZ 85281 480-422-8922 480-361-0176 (Fax)
Hotline 480-389-1375**

Tempe and Fountain Hills Residents COVID-19 RENT/UTILITY ASSISTANCE

1. Your **first step** is to request the Rent/Utility Assistance Packet at TCAA's front desk (2146 E. Apache Blvd) OR download and print the packet (go to www.tempeaction.org/programs)
2. Your next **step** is to complete the application, collect all needed attachments, and bring your completed application with all required attachments to the TCAA office. You must bring the application and attachments in person.

If you have questions about the application process, contact TCAA at 480.389.1375 Monday through Friday, 8 AM to 5 PM
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When you bring your application to TCAA, please plan to wait to be Pre-Screened by a Caseworker. An incomplete Packet will not be processed.

You must provide us with a working phone and message phone numbers.

Completed applications will be processed within five (5) business days. We will call you to return to TCAA and sign documents if needed. After you have signed the documents your application will be forwarded to payee (landlord, etc.) for payment.

Please refer to the attached checklist to assemble your documents.
Thank you for your cooperation.

DATE_____NUMBER_____

TCAA does not reimburse customers for payments already made.



TCAA is committed to a policy of non-discrimination on the basis of race, gender, religion, sexual orientation, disability, handicap, age, national origin, marital status, or any other protected group status. This policy applies to employees, applicants for employment, clients and prospective clients, and contractors. Please call 480-350-5880 (voice) or 7-1-1 (TTY) to request.

LIST OF DOCUMENTS

You must include these documents in your application for Rent assistance.

_____ **Photo ID**

_____ **Proof of Citizenship**, US Birth Certificate, Certificate of Naturalization, US Passport or Permanent Residence Card for the Adult Applicant and minor child

_____ **Social Security cards for ALL household members**

- ☐ Or from DES, a current Household Benefits Summary or print out from Social Security Office for each household member. **These must show social security numbers for everyone living in your household.**

_____ Lease Agreement and Legal Eviction Notice, Landlord Contract, Past due rent letter, W-9 Form completed by Landlord or Manager

_____ **Proof of income for ALL household members for the last 30 days. See below.**

_____ **Proof of Crisis:** (1) Loss or Reduction of income, or Public Assistance Benefits or Delay in receiving Public Assistance Benefits. (2) Unexpected and/or Unplanned Expenses (3) A condition that endangers the health or safety of the household (became ill or cared for someone who was ill.) (4) Affected financially by COVID-19 (discuss with TCAA)

BRING ALL THAT APPLY

- ☐ Verification of all social security benefits, award letters for 2020.
- ☐ Pay stubs in the time period counting back 30 days from the day you hand in your Application to TCAA.
- ☐ Child support with your atlas number listed.
- ☐ Unemployment 'Weekly Claims Information' print out from www.azui.com for 30 days previous to the day you hand in the application to TCAA.
- ☐ If Self Employed:
 - Journal or ledger including name, phone number, and amount paid by all your customers in the last 60 days.
- ☐ If starting new employment:
 - Statement from your employer stating start date, rate of pay, number of hours scheduled to work and pay date schedule.
- ☐ If there has been NO HOUSEHOLD INCOME in the past 30 days:
 - Bank statement if surviving on savings and statement from your last employer stating last day worked and reason; date last pay was issued; gross amount and any vacation and sick pay received

AND

 - A survival statement or letters from friends or relatives who are providing you with assistance to pay any of your bills.

Date _____

Client Name _____

Caseworker _____ (to be completed by TCAA)



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PLEASE READ— This form must be completed. Please check the lines or boxes that apply to you. TCAA staff will accept your application when you present all the required documents. Your application will be processed within 5 business days. TCAA will contact you when application is complete.

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Gender: _____Male _____Female

Current Address: _____

Mailing Address: _____

City: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

IS ANYONE IN THE HOUSEHOLD A VETERAN? NAMES(S) _____
OR IN ACTIVE DUTY? (S) _____

Are you: _____homebound _____handicapped _____have Health Insurance _____U.S. Born, Naturalized or Legal Resident

Veteran: _____ YES _____No

Ethnicity: Are you Hispanic or Latino? _____ Yes _____No

Race: _____African American _____Asian _____Native American _____Native Hawaiian/Pacific Islander _____White
_____Mixed Race _____Other

Marital Status: _____Married _____Separated _____Never Married _____Divorced _____Widowed

Your language is _____English _____Spanish with English _____Spanish without English _____Native American
with English _____Native American without English Other Language _____

Living Arrangement/Dwelling: _____House _____Mobile Home _____Apartment _____N/A _____Other

Family Type:

- ☐ Single Parent/ Female
- ☐ Single Parent/ Male
- ☐ Two Parent household
- ☐ Single person
- ☐ Two adults(no minor children)
- ☐ Other

Housing Type:

- _____ Rent
- _____ Own
- _____ Homeless
- _____ Other



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Are you living in Section 8 or subsidized housing? ____ Yes ____ No
 Are you receiving SNAP (Food Stamp) benefits? ____ Yes ____ No
 If you have children, have you applied for Child Support Payments through DES? ____ Yes ____ No
 What is your Atlas Number? _____

Name of Household Member with Income	List name of source of income (Employer, DES cash, Unemployment Ins. etc.)	Phone Number (employer)	Frequency (weekly, monthly, bi-weekly)	Day of week income received (Mon., Tues, etc.)	Total <u>Gross</u> Income In last 30 days

I certify that I have truthfully completed this questionnaire and give permission to the Tempe Community Action Agency designated staff to verify all information, including prior assistance from other agencies.

Applicant's Signature

Today's Date

E-Mail _____

NOTES:



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First and Last Name	Social Security Number	Gender	Date of Birth	Race See number below	Education K to 8 th , 9 th to 12 th GED or College	Home bound	Handi capped	Health Ins.
1. Applicant		M F						
2.		M F				Y N	Y N	Y N
3.		M F				Y N	Y N	Y N
4.		M F				Y N	Y N	Y N
5.		M F				Y N	Y N	Y N
6.		M F				Y N	Y N	Y N
7.		M F				Y N	Y N	Y N
8.		M F				Y N	Y N	Y N
9.		M F				Y N	Y N	Y N
10		M F				Y N	Y N	Y N

RACE:

- 1. Amer. Indian/Alaskan Native
- 2. Asian
- 3. Black/African Amer.
- 4. Native Hawaiian/Pacific Islander
- 5. White
- 6. American Indian/Alaskan Native and White

- 7. Asian and White
- 8. Black/African Amer. and White
- 9. Amer. Indian/Alaskan/Black
- 10. Other Multi-Racial