CAP’s Emergency Rent Assistance Application Checklist

Thank you for applying for CAP’s Emergency Rent Assistance. In order for your application to be considered, you need to be a current CAP client. We will also need you to complete the attached forms:

In addition, we will need from you:

- Income Verification for all members of the household 18 years of age or older. Use the table below to identify which type(s) of verification you are providing.

<table>
<thead>
<tr>
<th>Type of Cash Income</th>
<th>Type of Verification Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Benefits (TANF, SSI/SSDI, VA etc.)</td>
<td>☐ Most Current Award Letter</td>
</tr>
<tr>
<td>Employment</td>
<td>☐ Pay stubs from past 2 – 3 months</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>☐ Award Letter dated within 30 days</td>
</tr>
<tr>
<td>No Income</td>
<td>☐ CAP’s Certification of Zero Income Form dated within 60 days</td>
</tr>
<tr>
<td>Other</td>
<td>☐ Please ask!</td>
</tr>
</tbody>
</table>

*Other documents may be required depending on your unique situation.

We recognize that this is a lot of information and we are here to help! To schedule an appointment to complete this application contact the Emergency Rent Assistance Coordinator at 503-278-3824.
Housing Status

What is the length of stay in your current situation: _______________________________________________________

Please select the option below that best describes your housing situation: _______________________________________

Homeless Situations (HUD)

☐ Place not meant for human habitation

☐ Emergency shelter, including hotel/motel paid for w/ES voucher or RHY funded Host Home Shelter

☐ Safe Haven

Institutional Situations (HUD)

☐ Foster care home or foster care group home

☐ Hospital or other non-psychiatric medical facility

☐ Jail, prison or juvenile detention facility

☐ Long-term care facility or nursing home

☐ Psychiatric hospital or other psychiatric facility

☐ Substance abuse treatment facility or detox center

Temporary and Permanent Housing Situations (HUD)

☐ Residential project or halfway house with no homeless criteria

☐ Hotel or motel paid for without emergency shelter voucher

☐ Transitional housing for homeless persons (including homeless youth)

☐ Host Home (non-crisis)

☐ Staying or living in a friend’s room, apartment or house

☐ Staying or living in a family member’s room, apartment or house

☐ Rental by client with GPD TIP housing subsidy

☐ Rental, with VASH subsidy

☐ Permanent housing (other than RRH) for formerly homeless persons

☐ Rental by client with RRH or equivalent subsidy

☐ Rental by client with HCV Voucher (tenant or project based)

☐ Rental by client in a public housing unit

☐ Rental by client, no ongoing housing subsidy

☐ Rental by client, with other housing subsidy

☐ Owned by client, with other housing subsidy

☐ Owned by client, with ongoing housing subsidy

Other (HUD)

☐ Client Refused

☐ Client Doesn’t Know

☐ Data Not Collected
Emergency Rent Assistance Application

Date:___________________ CAP Staff Name:_____________________________________________

Contact Information

Name (with middle initial):______________________________________________   Date of Birth:_______________________
Other Names Used:___________________________________________   Social Security Number:________________________
Street address:___________________________________________________________________________________________
Mailing address (if different):____________________________________________   Is it okay for CAP to send you mail?_____
Primary phone #:_____________________________________   Secondary phone #:___________________________________
Phone calls ok?_____   Discreet calls only?____                               Phone calls ok?_____   Discreet calls only?____
Voicemail ok?_____   Discreet voicemail only?_____                      Voicemail ok?_____   Discreet voicemail only?_____
Text ok?_____   E-mail ok?_____   E-mail address:______________________________________________________________

Household Composition

Complete the table below for every family member and significant other who lives with you. Not including roommates.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Relationship to you</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Gender</th>
<th>HIV+ (yes or no)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Property Manager Information

What name should the check be made out to? Where should the check be sent?

Name on check:___________________________________________________   Contact Name:____________________________________________________
Address:_______________________________________________________   Phone:____________________________________________________________
____________________________________________________________   FAX:______________________________________________________________
____________________________________________________________   E-mail:____________________________________________________________
Race/Ethnicity

Ethnicity

In the table below enter YES if Hispanic/Latino or No if Non-Hispanic Latino for you and everyone in your household. If Hispanic/Latino, also choose a place of origin:

a. Mexican, Mexican American, Chicano/a  
   b. Puerto Rican  
   c. Cuban  
   d. Other Hispanic, Latino or Spanish origin

Race

In the table below, enter a race from the list below for you and everyone in your household.

a. White  
   b. Black/African American  
   c. African  
   d. American Indian/Alaskan Native  
   e. Middle Eastern  
   f. Slavic  
   g. Asian  
   h. Native Hawaiian/Pacific Islander  
   i. Other Multi-Racial  
   j. Other

If Native Hawaiian/Pacific Islander, also choose a place of origin:

a. Native Hawaiian  
   b. Guamanian or Chamorro  
   c. Samoan  
   d. Other

If Asian, also choose a place of origin:

a. Asian Indian  
   b. Chinese  
   c. Filipino  
   d. Korean  
   e. Japanese  
   f. Vietnamese  
   g. Other

Household Members Name(s) | Ethnicity | Ethnicity origin (if Hispanic/Latino) | Race | Race origin (If Asian or Native Hawaiian/Pacific Islander)
--- | --- | --- | --- | ---
Self |  |  |  |  

Health and Safety

Do you have an HIV Healthcare Provider?  
If yes, who?  
Do you have a Medical Case Manager?  
If yes, who?  
What is the approximate date of the last HIV Healthcare appointment you attended?  

Please select the type(s) of health insurance you currently have:

- [ ] None  
- [ ] Medicare  
- [ ] CAREAssist  
- [ ] Medicaid/OHP  
- [ ] Private-Employer  
- [ ] Private-Individual  
- [ ] Military  
- [ ] IHS  

Do you have dental insurance?  

Do you have any physical, mental, financial or emotional safety concerns in your current living situation?  
If not now, have you ever had any of the above safety concerns?  
If yes, how long ago?  
Have you ever been a survivor of domestic violence, dating violence, sexual assault, or stalking?  
If yes, how long ago did the violence occur?  
Are you currently fleeing, or trying to flee, a domestic violence situation?  

### Monthly Income and Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Internet/Cable</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Bus Fare</td>
<td></td>
</tr>
<tr>
<td>Personal Items</td>
<td></td>
</tr>
<tr>
<td>Credit Card</td>
<td></td>
</tr>
<tr>
<td>Car Payment</td>
<td></td>
</tr>
<tr>
<td>Car Insurance</td>
<td></td>
</tr>
<tr>
<td>Gasoline</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
</tr>
<tr>
<td>Day Care</td>
<td></td>
</tr>
<tr>
<td>Pets/Service Animals</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

### Cash Income

<table>
<thead>
<tr>
<th>Person</th>
<th>Cash Income Source</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Non-Cash Income

<table>
<thead>
<tr>
<th>Non-Cash Income Source</th>
<th>Monthly Amount</th>
</tr>
</thead>
</table>

<table>
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</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Have you ever applied for Social Security Benefits?_____ Status of application:______________________________**
Emergency Rental Assistance/Short Term Rent Assistance Eligibility

Do you live within an eligible service area?
- [ ] Clackamas  
- [ ] Columbia  
- [ ] Multnomah  
- [ ] Washington  
- [ ] Yamhill

Does your unit meet Fair Market Rent?
- [ ] (Studio) $1,416  
- [ ] (1 Bed) $1,512  
- [ ] (2 Bed) $1,735  
- [ ] (3 Bed) $2,451  
- [ ] (4 Bed) $2,903

For what month are you requesting assistance? __________________________________________________________

What type of assistance are you requesting and how much?
- Eviction Prevention/Rent $_____  
- Application Fee $_____  
- Security Deposit $_____  
- Move in rent $________

Please describe your current financial situation and why you are requesting housing assistance:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

What other steps have you taken to resolve your current situation before requesting assistance from CAP?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

CAP requires that you have a plan to cover housing-related costs on your own. How will you pay rent next month?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

CAP collects the following information to determine specific resource eligibility. These do not affect the application:

Do you have history with the criminal justice system? (Y/N) _____

Is your need for assistance related directly or indirectly to Covid-19 pandemic? (Y/N)______ If yes, select all that apply:
- [ ] A loss of income or lack of work due to COVID-19 related factors
- [ ] Compromised health status or elevated risk of infection or vulnerability to COVID-19
- [ ] Diagnosed or exposed to COVID-19
- [ ] Other (please describe): ____________________________________________________________________

The information provided in this application is true and correct to the best of my knowledge. I understand that a false statement may disqualify me for services, including financial assistance.

Signature of Applicant:____________________________________________    Date:___________________