



Here is the list of documents you will need to gather to complete your application for assistance:

- A copy of your current lease, signed by all parties.
- Proof of your assets:
 - 2 months bank statements for everyone in the household.
 - Most current financial statement for all other assets including, but not limited to stocks, bonds, mutual funds, or other investments.
- Proof of COVID-19 related income loss:
 - Lay-off notice from employer, or
 - Letter or screenshot showing your unemployment benefits have been accepted, or
 - Proof of reduced hours/earnings

If you need assistance in completing the attached forms, or in compiling the documentation requested above, please contact . . .

Please be advised of the following:

1. To be considered for assistance through this program your current rent payment must meet or exceed 30% of your gross monthly income and your total household income must be below the limits for your County.
2. Upon submission of this information an INHS staff member will reach out to you by phone to discuss your application and eligibility for assistance through this program.
3. If an INHS representative determines that you are eligible for assistance, you will receive a conditional approval valid for up to three months of rental assistance. Approval will be confirmed by:
 - a. Contacting your landlord to confirm their willingness to abide by the requirements of this assistance program. They will be required to sign documentation.
 - b. Evaluating the condition of the property being assisted. This may disqualify a residence from eligibility for assistance through this program.
4. If approved for assistance through this program payments will be made directly to your landlord -- assistance shall not exceed 3 months rent.

This program has been made possible through re-purposed grant funds previously awarded to INHS through the Tompkins County Community Development Block Grant (CDBG) program, and the New York State HOME Local Program, and through a supplemental award provided by the Ithaca Urban Renewal's (IURA) Community Development Block Grant Coronavirus (CDBG-CV).



Rental Assistance Intake Questionnaire



All information is confidential.

Please print clearly and answer all questions

Head of Household Name _____ MI ____ Last Name _____

Birthdate _____ Phone(____)____-_____ Email _____

Current Address _____ Unit # ____ City _____ Zip Code _____

Are any of the adults in your household permanent year-round residents of your unit, including summer? Yes No

Is any applicant currently homeless? Yes No If so since when? _____

Are you comfortable communicating in English Español Le Français Tagalog Other: _____

Household Information (Include roommates)

Beginning with the Head of Household, list all adults and children living in the home. Include age and income from all sources. **Each income Source should have its own line.** Income includes but is not limited to Social Security, Pensions, Disability, Worker's Comp, Unemployment, Child Support, Alimony, Business Income, Investment Income, and Wages.

| Name | Relation to Head of household | Birthdate | Pre Covid-19 Gross monthly Income | Post Covid-19 Gross monthly Income | Income Source (please list each income source on a separate line) |
|------|-------------------------------|-----------|-----------------------------------|------------------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

1. How and when has your income been impacted by Covid-19? _____

2. Do you have a current rental lease? Yes No If yes, What is the total monthly rent? \$ _____

Due on the _____ of _____ (month/week) Is back rent owed? Yes No

If yes, list amount(s) without any fees and time period(s) owed \$ _____ owed for __/__/__ to __/__/__

What Fees or late charges owed \$ _____ Has your landlord threatened eviction? Yes No

4. Is this a new lease? Yes No If so is a security deposit needed? Yes No How much? _____

5. Do you receive Section 8 or other rental assistance? Yes No If yes, Agency Name? _____

6. Do you rent a room or live in a hotel? Yes No



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www.ithacanhs.org

7. How many bedrooms do you have? ____ Do you share your bathroom or kitchen with another household? Yes No
8. Name of Landlord _____ Phone(____) ____ - _____ Email _____
 Address of Landlord _____ City _____ Zip Code _____
9. Does anyone in your household own property, have non-retirement investments or other liquid assets (aside from the bank statements provided)? If so, please list _____
10. How did you find out about our office? _____
11. Is anyone in your household a veteran? Yes No If yes, who? Head of Household ____ Other Member _____

Demographic Information (this will not affect eligibility and is only to ensure fair housing compliance)

What is your marital status? Married Unmarried (include single, divorced, widowed) Separated

Is anyone in your household Hispanic or Latino? Yes (Head of Household) Yes (Other Family Member(s)) No

| Please check the category that applies. If more than one category fits, please check all that apply. | Head of Household | Other Family Member | Other Family Member | Other Family Member | Other Family Member | Other Family Member |
|--|-------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| White | | | | | | |
| Black/ African American | | | | | | |
| Asian | | | | | | |
| American Indian/ Alaskan Native | | | | | | |
| Native Hawaiian/ Other Pacific Islander | | | | | | |
| Multi-Racial | | | | | | |
| Other | | | | | | |

Conflict of Interest Acknowledgement

Are you, or are you related to, or do you have a business interest with, any NYS Elected Official or their employee, NYS Political Party, Tompkins County employee, the City of Ithaca employee or any officer, board member, or employee of Ithaca Neighborhood Housing Services? YES NO
 If you marked, YES, please explain _____

I/We authorize INHS to provide information to the Department of Housing and Urban Development, NeighborWorks, and any/all Funders of INHS programs. Such information includes, but is not limited to: income; bank, money market, and similar account balances; rental lease and any other household information. I/We understand that my/our eligibility may be affected by Funder requirements that are out of INHS' control such as property condition, flood zone and deteriorated lead-based paint.

In signing this statement, I/We grant Ithaca Neighborhood Housing Services full authority to check and verify any information provided.

I/we certify that I have listed all household income in the Household Information Section on Page 1 and that all information I have provided is true and correct to the best of my knowledge. .

I/We give INHS permission to share my relevant information with agencies that have emergency rental assistance programs, including but not limited to Department of Social Services, Catholic Charities, TC Action, Human Services Coalition and other local agencies.

Signature _____

Date _____

Signature _____

Date _____