



**Yuma County
Emergency Rental Assistance Program
PRE-QUALIFICATION PACKET**



For WACOG Office Use Only
Received by: _____ Date: _____ Time: _____

Primary Applicant Information:

Full Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(if different from home address)

Do you rent your residence? Yes No Do you live on tribal land? Yes No

Phone: _____ Alternate Phone: _____

Email: _____

Contact Preference: Phone Email Mail Text

Household:

List <u>all</u> members of your household, <u>including</u> applicant:					CURRENTLY RECEIVING INCOME?	<i>Have you been unemployed more than 90 days?</i>
<i>FULL NAME:</i>	<i>RELATIONSHIP</i>	<i>DATE OF BIRTH</i>	<i>AGE</i>	<i>SEX</i>	Yes/No	Yes/No

Income information:

PROVIDE INCOME INFORMATION FOR **ALL** MEMBERS CURRENTLY RECEIVING INCOME:

Name: _____ **Type of Income?** _____ Frequency: _____ \$ _____

Name: _____ **Type of Income?** _____ Frequency: _____ \$ _____

Name: _____ **Type of Income?** _____ Frequency: _____ \$ _____

Name: _____ **Type of Income?** _____ Frequency: _____ \$ _____

SELF-ATTESTATION OF ZERO INCOME:

I, **the APPLICANT**, do hereby **certify and attest** on behalf of the household that the following household member(s) do **NOT** receive income from any source. I understand sources of income include, but are not limited to the following: *Wages, salaries, and tips, Social Security benefits, Unemployment compensation, Self-employment or business income, Child Support, Alimony, Retirement and pension income, or any other source of income not named here.*

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Financial Hardship due to COVID-19 Pandemic declared on 03-13-2020:

Financial Hardship Attestation:

Has anyone in your household qualified for any kind of unemployment insurance benefits, including PUA, PEUC, Extended benefits? Yes No

(PUA-Pandemic Unemployment Assistance) (PEUC) Pandemic Emergency Unemployment Compensation)

If yes, briefly explain: _____

_____ When did this happen? _____

Has anyone in your household had a significant increase in expenses (costs) due to COVID-19? Yes No

If yes, briefly explain: _____

_____ When did this happen? _____

Has anyone in your household had a financial hardship directly or indirectly related to the COVID-19 public health crisis? Yes No

If yes, briefly explain: _____

_____ When did this happen? _____

Is anyone in your household at risk of being homeless or having unstable housing? Yes No

If yes, briefly explain: _____

_____ When did this happen? _____

Do you live in unsafe or unhealthy conditions? Yes No

If yes, briefly explain: _____

_____ When did this happen? _____

Rental and Utility Information:

Has anyone in your household received any rental or utility assistance since March 13, 2020? Yes No

If yes, who provided the assistance that was received? _____ When? _____

For which months did you receive assistance? _____

Was the assistance for Rent, Utilities, or both?

Do you owe back utilities for any months? *(Electric/Gas/Water/Sewer/Trash Disposal fee)* Yes No

Provide information if you are applying for utilities assistance:

UTILITY PROVIDER NAME	ACCOUNT NUMBER	MONTHS PAST DUE	TOTAL PAST DUE AMOUNT

DOCUMENTS TO INCLUDE to this Pre-Qualification packet:

- Landlord Verification Form**-Landlord must fill out (attached) page 4
- Proof of Covid-19 related financial hardship** (You must provide at least **ONE** of the following: termination letter from your former employer, paystubs from enough pay cycles to substantiate a reduction in income proof of unemployment insurance or PUA application or weekly claim submittal, Employer letter stating change in hours, wage reduction or notice of furlough, receipts to prove increased expenses or proof of other financial hardship directly or indirectly due to covid-19)
- Applicant's Photo ID** *only*
- Copy of your current lease or rental agreement** -Applicant must be listed on or have signed the lease agreement
- 5-day notice/Eviction notice** (if applicable)
- Due Utility bills** (if Applying for utilities) (Electric/Gas/Water/Sewer/Trash Disposal fee)
- Proof of income:** Income Documents for ALL household members
Submit: complete 2020-1040 Tax Return OR Income from the last 2 months (i.e., paystubs, unemployment benefits, social security benefits, pension, etc.)

AFFIRMATION:

I affirm **I have not** received assistance or a commitment for **rental/utility** assistance from any other source for the same time period and type of assistance. If I am approved for this program and I end up receiving rent assistance from another source, I will inform WACOG.

RELEASE OF INFORMATION: By signing below, I hereby consent to and authorize WACOG and/or delegate agency to contact me or any other source necessary to establish the accuracy of the information given by me. Furthermore, I authorize any landlord, utility company to which payment on my behalf may be made, to release information regarding my current account including, but not limited to, billing information to Yuma County ERA Program or its contract designee. I understand that WACOG and Yuma County ERA Program may use information provided on this form for purposes of research, evaluation, and analysis.

If eligible, I give my permission to WACOG to forward the completed application to Yuma County ERA Program to be processed for payment to the Landlord or Utility Vendor, by the Emergency Rental Assistance Program.

I hereby state under the penalties provided by law that the statement/s above and the household information on this pre-qualification packet is true, correct and complete to the best of my knowledge. I Understand that WACOG and Yuma County reserves the right to deny a household who provides false information for the current program.

Applicant's Signature: _____ **Date:** _____

Return this application to:

WAYS TO SUBMIT
THE PRE-QUALIFICATION PACKET AND ALL REQUIRED DOCUMENTS.

Drop-off	Email
WACOG-office 1235 S Redondo Center Drive Yuma, AZ 85365	rent@wacog.com

Once we have received your Pre-qualification packet and documents, we will call you within 6-12 business days from the date you submitted the packet to verify your information.

If no response in a timely manner the Pre-Qualification packet will be cancelled.

(YOU WILL RECEIVE THE APPROVAL OR INELIGIBLE LETTER BY EMAIL/MAIL)

For any other questions please call WACOG 928-217-7144



Yuma County-Emergency Rental Assistance Program



LANDLORD VERIFICATION FORM

Landlord must fill out this document:

Notice of LATE RENT: *(to be completed by Landlord/Owner)*

This is to Confirm that the rent of the following person is past due:

_____ who rents a **house/apt/mobile** which is
(Tenant/Applicant's full name)

located at (Address): _____

Is there a relationship between you and the tenant? Yes No If yes, what is the relationship? _____

Is this a Rent to Own? Yes No Rental Lease term: 1 year 6months month-to-month other_____

Which month/s is/are past due? Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Monthly Rent Amount is: \$ _____ Late Fees Due \$ _____

If subsidized rent, list tenant portion: \$ _____ N/A Rent amount includes: All utilities No utilities

WACOG office use only: Notes/Verbal Clarification:

WACOG staff: Information verified by: _____ Date: _____

IMPORTANT NOTES FOR LANDLORD: Any agreement resulting from this notice shall be between you and the applicant. This notice is not a promissory note of payment from WACOG.

I have not received any other assistance for loss of rent from another agency to cover rent for the above resident for the same months being requested from WACOG. If I do receive assistance on behalf of this resident for this same time period, I will notify WACOG.

I understand that YUMA COUNTY is going to issue the payments and only if the applicant is eligible and complies with requirements. I will submit the W-9 form or Electronic payment information directly to Yuma County when requested.

Please sign below to certify that the information contained above is true and accurate. Please provide Payee's information.

Completed by: <input type="checkbox"/> Property Manager <input type="checkbox"/> Owner Name: (printed)	Designated Payee: Full Name (must match W-9 Form)
Completed by: (Signature)	Mail Check to following address:
Date form completed:	
Landlord/owner Phone number:	Landlord/Owner Email Address: