

**CITY OF FORT BRAGG  
COVID HOME TENANT-BASED RENTAL ASSISTANCE PROGRAM**



**APPLICATION FOR RENTAL ASSISTANCE**



APPLICANT NAME: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

**DISABLED:** ANYONE IN HOUSEHOLD  YES  NO



**Head of Household** (Check One) - Optional  
 (This information is being collected to assure compliance with fair housing and equal opportunity rules.)

**INFORMATION FOR FEDERAL REPORTING ONLY**

**RACE**

- |  |   |
|--|---|
| <input type="checkbox"/> WHITE                                     | <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE AND WHITE                     |
| <input type="checkbox"/> BLACK/ OR AFRICAN AMERICAN                | <input type="checkbox"/> ASIAN AND WHITE  |
| <input type="checkbox"/> ASIAN                                     | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE                            |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE          | <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> OTHER MULTI RACIAL   |

**HISPANIC/LATINO ETHNICITY**  YES, PLEASE SPECIFY BELOW  No

- |   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> MEXICAN OR MEXICAN AMERICAN  | <input type="checkbox"/> CUBAN | <input type="checkbox"/> PUERTO RICAN |
| <input type="checkbox"/> OTHER HISPANIC/LATINO: _____ |                                |                                       |

**INCOME INFORMATION**

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

**ASSET INFORMATION**

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

<p>Are any residents of the household employed by the Jurisdiction or its Program Operator? Yes _____ No _____</p>	<p>Have any of the applicants held ownership or interest in a property in the last three years? Yes _____ No _____ If yes, explain: _____ _____</p>
<p>Do any residents of the household exercise any functions or responsibilities (or are they in a position to gain inside information) with respect to this housing program, including being a member of a governing body or agency of government that exercises housing policy, or have immediate family ties (by blood, marriage or adoption, including spouse, parent/step-parent, sibling, step-sibling, grandparent, grandchild and in-laws) to someone who does? Yes _____ No _____ If Yes to either, explain in box to the right.</p>	<p>(explanation) _____ _____ _____ _____ _____ _____</p>

EXPENSE INFORMATION

- Yes  No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
- Yes  No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- Yes  No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

**APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the City of Fort Bragg to verify all information provided on this application.**

_____ Head of Household Signature      _____ Date	_____ Spouse Signature      _____ Date
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