

CITY OF HENDERSON



Community Development Department
1990 Barret Court, Suite B
Henderson, KY 42420
(270) 831-1277

COVID-19 Rental Assistance Application

YOU MUST BE A RESIDENT OF THE CITY OF HENDERSON TO APPLY FOR COVID-19 RENTAL ASSISTANCE.

This information will be used by the City of Henderson to determine the eligibility of the applicant under HUD guidelines and will be kept in strict confidence.

The application should be filled out in its entirety. One application per household will be accepted.

Documents needed to attach to and complete application:

- ___ Proof of Henderson residency (utility bill, cable/phone, etc.)
- ___ Driver's License or picture ID
- ___ Lease agreement
- ___ Verification of loss of income dated after March 1, 2020. Applicants will be required to provide a copy of their last three pay stubs or self-employment ledger for the last three months.
- ___ The last three months of bank statements for ALL household members.
- ___ The sources and amounts of ALL household income including applicants and all additional household members. You will be asked to provide verification of stated income of additional household members.
- ___ Name, Date of birth, SSN, Employment Status and Annual Income for all household members.

Applicant Information and Eligibility Verification

First Name _____

Last Name _____

The City of Henderson supports Equal Housing Opportunity and its commitment to nondiscrimination.



Date of Birth _____

Social Security Number _____

**Please include a copy of your state identification or driver's license with this application.*

Address _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

1. Has your income been negatively affected by COVID-19? **Y or N**
2. Have you applied for unemployment benefits? **Y or N**
3. Have you contacted your landlord and requested assistance with rental payments? **Y or N**
4. Have you received RENTAL ASSISTANCE from the Henderson Employee Relief Fund (HERF) administered by Henderson Christian Community Outreach? **Y or N**
If YES, please list "when" and "amount" of RENTAL ASSISTANCE received below:

5. Have you received RENTAL ASSISTANCE from Team KY administered by State of Kentucky? **Y or N**
If YES, please list "when" and "amount" of RENTAL ASSISTANCE received below: _

6. Do you live in Public Housing or receive Housing Choice Voucher Program (Section 8) assistance? **Y or N**
7. How many people are living in your household? _____

FY 2020 Income Limits Summary - Henderson, Kentucky							
Persons in Family							
1	2	3	4	5	6	7	8
\$40,600	\$46,400	\$52,200	\$58,000	\$62,650	\$67,300	\$71,950	\$76,600

Income Source for each household member (if over 18)

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First Name _____
Last Name _____
Date of Birth _____
Social Security Number _____
Employment Status _____
Annual Income _____

Income Source for each household member (if over 18)

First Name _____
Last Name _____
Date of Birth _____
Social Security Number _____
Employment Status _____
Annual Income _____

Income Source for each household member (if over 18)

First Name _____
Last Name _____
Date of Birth _____
Social Security Number _____
Employment Status _____
Annual Income _____

Income Source for each household member (if over 18)

First Name _____
Last Name _____
Date of Birth _____
Social Security Number _____
Employment Status _____
Annual Income _____

PLEASE attach additional income sources if there are more than 4 over age of 18.

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List each Household Member below (Under 18)

First Name _____

Last Name _____

Date of Birth _____

Social Security Number _____

First Name _____

Last Name _____

Date of Birth _____

Social Security Number _____

First Name _____

Last Name _____

Date of Birth _____

Social Security Number _____

First Name _____

Last Name _____

Date of Birth _____

Social Security Number _____

Rental Information

Landlord First Name _____

Landlord Last Name _____

Landlord Phone _____

Please enter the amount of assistance requested (maximum assistance up to 3 months of arrears with a maximum cap of \$1,500.00 per terms of tenant's rental lease/agreement).

\$ _____

****Please attached a copy of the rental or lease agreement to this application**

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APPLICANT AUTHORIZATION AND CERTIFICATIONS

Please Initial all sections

_____/We acknowledge that I have provided accurate information to determine eligibility for assistance using the grant funds. I understand that City of Henderson Community Development Department will verify my income. Further, I understand that falsification of documentation can result in immediate denial of assistance. If I am not eligible for the City of Henderson COVID-19 Rental Assistance Program funds, other resources may be available. By signing this document, I agree that the information I am submitting is true and correct and that I agree to allow the City of Henderson Community Development Department to release information necessary for provision of requested services.

_____/We certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith to apply for COVID-19 rental assistance.

_____/We understand that any information, including, but not limited to, income and social security numbers, provided in this application may be given to other State and Local agencies in order to coordinate financial assistance. A copy of the City of Henderson Information Security – Protection of Personal Information Policy will be made available upon request.

_____/We understand that submission of this application does not automatically qualify me for assistance under this program.

_____/We authorize my landlord and employer to release verification information necessary to process this application to the City of Henderson, if necessary.

_____/We authorize the Community Development Department of the City of Henderson, Kentucky to verify the above information and to do a complete background check for police records, etc.

The following information is requested by the Federal Government if this money is used for a dwelling, in order to monitor the compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. This law provides that this organization may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this organization is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial here_____.

Race: Hispanic YES / NO

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black/ African American | <input type="checkbox"/> American Indian/ Alaska Native & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> American Indian/ Alaskan Native & Black African American |
| <input type="checkbox"/> Black/ African American & White | <input type="checkbox"/> Other Multi-Racial |

Signature of Applicant

Date

Signature of Applicant

Date

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