



RA-EP
APPLICANT INFORMATION

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	DISABILITY STATUS

RACE/ETHNICITY: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

PHYSICAL ADDRESS: _____ UNIT# _____

CITY: _____ ZIP: _____

MAILING ADDRESS (if different from physical address)

ADDRESS: _____

CITY: _____ ZIP: _____

Length of Tenancy: _____

INCOME: Monthly: _____ Source: _____

LANDLORD: Name: _____

Phone: _____ Email: _____

Community Support:

Have you sought other assistance to cure back rent arrears? If yes, please tell us **who** you sought funding from, **if you received** any, **if you were denied**, or if you are **no longer eligible**.

My monthly rent is \$ _____ Or Lot Rent is \$ _____

Does your rent include utilities? _____

The current amount that I owe my landlord for back rent is \$ _____

If you are receiving assistance from a service provider/agency, please provide contact information: _____

By providing this information you give VSHA permission to communicate with this service provider about your application.

ATTESTATIONS:

- **This is the only application for this unit currently and no other person in my household is applying for the above amount from this or any program currently.**
- I understand VSHA will make payments directly to my landlord. My landlord will accept whichever is less: the actual amount owed or the VSHA Payments Standard per month, and waive the rest, including waiver of late fees.
- I understand that my landlord is required to drop the current eviction proceedings.

Tenant Signature

Date

Party Assisting Tenant's Signature

Date

If tenant is receiving assistance to complete this application, the assisting party should also sign

Please email completed form to landlordrelief@vsha.org