Office of Housing
421 King St., Ste. 215
Alexandria, Virginia 22314
703.746.4990
alexandriava.gov/housing

Application for Assistance

COVID-19 Emergency Rent Relief Assistance Program

Contact Information / Información de Contacto

Full Name
Nombre Completo

Email
Correo electrónico

Address
Dirección

Zip Code
Código Postal

Phone Number
Número de Teléfono

Property Name
Nombre de Propiedad

Employer Name
Nombre de Empleador

Employer Phone Number
Número de Teléfono de Empleador

Employer Address
Dirección de Empleador

Housing Cost / Costo de Vivienda

What size is your current unit?
¿Cuál es el tamaño de la unidad que ocupa?

- Efficiency / Estudio
- 1BR / 1H
- 2BR / 2H
- 3BR / 3H

How much is your monthly rent payment?
¿Cuánto paga usted de renta mensualmente?

Do you pay utilities to your landlord?
¿Paga usted utilidades directamente al propietario?

How much have you paid since April 1, 2020
¿Cuánto ha pagado usted desde el 1ro de abril 2020?

What is your balance due for April?
¿Cuál es su balance del pago de abril?

What is your balance for May?
¿Cuál es su balance del pago de mayo?

Do you have a Housing Choice Voucher?
¿Tiene usted un "Housing Choice Voucher" (Programa de Vales de Elección de Vivienda?)

No / No

	Yes / Si	No / No	If yes, amount? sí, ¿cuánto?	Source Programa
Do you receive any other type of rental assistance or rent relief benefit? ¿Recibe usted algún otro tipo de asistencia con su pago de renta?				
Have you received any rental assistance through the Department of Community and Human Services? ¿Ha recibido usted algún tipo de asistencia con su pago de renta del "Department of Community and Human Services" (Departamento de la Comunidad y Servicios Humanos)?				
Have you received any rental assistance from a nonprofit or faith-based organization? ¿Ha recibido usted algún tipo de asistencia con su pago de renta de alguna organización sin fines de lucro u organización religiosa?				

Household Composition

- Please provide information for everyone living in this household starting with the leaseholder and spouse/partner, if any.
- Continue to list the names and ages of every person who lives in your house from oldest to youngest.
- For Employment Status, please use the list on the right.

Employment Status

1. Working Full-time
2. Working Part-time
3. Self- Employment
4. Unemployment, looking for work
5. Unemployment, not looking for work
6. In-job training
7. Temporarily laid off
8. Retired
9. Permanently disabled
10. Temporary disability
11. In school
12. Something else, specify

Composición de su Grupo Familiar

- Por favor provea información de todas aquellas personas que residan con usted, comenzando con el arrendatario y su esposo(a) o compañero (a) (si alguno(a).
- Continúe con todos los nombres y edades de mayor a menor)
- Para Situación Laboral, por favor use la lista a la derecha

Situación Laboral

1. Trabaja a tiempo complete
2. Trabaja a tiempo parcial
3. Trabaja por cuenta propia
4. Desempleado/Buscando empleo
5. Desempleado/no busca
6. En entrenamiento del empleo
7. Despedido por temporada
8. Retirado
9. Permanentemente discapacitado
10. Discapacitado temporal
11. Estudiando
12. Otro, especifica

Name Nombre	Gender Sexo	Age Edad	Position or Employment Type, if applicable Posición o tipo de empleo, si aplica	Relationship to Leaseholder Parentesco con arrendatario (quien figura en el contrato)	Disabled Yes/No Discapacitado Si/No	Employment Status Situación Laboral

Current Household Income

In the table below, please list each member of your household and their gross income (before taxes and deductions) since you were laid off or your hours reduced.

- Employment and Wages - Includes full-time employment, part-time employment and overtime.
  - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly). See example below on first row.
- Social Security and Pensions - includes retirement benefits, disability insurance benefits, social security benefits and social security disability
- Public Assistance - Includes unemployment benefits, public assistance income, student financial aid, temporary assistance for needy families, rent relief, supplemental security income
- Other Income - Includes self- employment, contract child support, rent income.
  - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly). See example below on first row.

Ingreso Familiar

Por favor mencione a cada miembro de su núcleo familiar que genere ingresos y la cantidad total (antes de cualquier deducción) desde que fue despedido o sus horas fueron reducidas por el VIRUS CORONA- 19

- Ingreso de Salario - Incluye empleo a tiempo completo, empleo a tiempo parcial, y tiempo extra.
  - Debe incluir la frecuencia de pago (Anual, Mensual, Semanal, o Bisemanal). Vea el ejemplo en la primera línea.
- Seguro Social y Pensiones - Incluye cuentas de retiro, beneficios de seguro por incapacidad, beneficios de seguro social, beneficios de seguro social por incapacidad
- Asistencia Pública - incluye beneficios de desempleo, asistencia social, ayuda estudiantil, beneficios de TANF, ayuda de renta, seguro de ingreso suplementario
- Otro Ingreso - Incluye ingreso de trabajo por cuenta propia o negocio, contrato, pensión alimentaria, ingreso de renta.
  - Debe incluir la frecuencia de pago (Anual, Mensual, Semanal, o Bisemanal).

Name Nombre	Employment and Wages Ingreso de Salario	Social Security and Pensions Seguro Social y Pensiones	Public Assistance Asistencia Pública	Other Income Otro Ingreso	Total Income Ingreso Total
Rose Smith	$3,350.00 monthly $3,350-00 mensual	$ 0.00	$ 0.00	$1,000.00 monthly $1,000.00 mensual	$4, 350.00
Total Household Income, including/confirming pay frequency Ingreso Familiar Total, incluyendo/confirmando frecuencia de pago					**$ 0.00**

Race/National Origin for Head of Household - Raza/Orígen Nacional

White (not Hispanic or Latino)	○	Blanco (no Hispano o Latino)
Black or African American (not Hispanic or Latino)	○	Negro o Afro-Americano (no Hispano o Latino)
Hispanic or Latino	○	Hispano o Latino
Asian (not Hispanic or Latino)	○	Asiático (no Hispano o Latino)
American Indian/Alaskan Native (not Hispanic or Latino)	○	Nativo Americano/Nativo de Alaska (no Hispano o Latino)
Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	○	Hawaiano Nativo o Isleño del Pacífico (no Hispano o Latino)
Prefer not to answer	○	Prefiero no contestar

Household Income **Prior to March 1, 2020**

Please list each member of your household and their gross income (before taxes and deductions).

- Employment and Wages - Includes full-time employment, part-time employment and overtime.
  - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly). See example below highlighted in yellow.
- Social Security and Pensions - includes retirement benefits, disability insurance benefits, social security benefits and social security disability
- Public Assistance - Includes unemployment benefits, public assistance income, student financial aid, temporary assistance for needy families, rent relief, supplemental security income
- Other Income - Includes self- employment, contract child support, rent income.
  - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly).

Ingreso Familiar **antes de 1 marzo 2020**

Por favor mencione a cada miembro de su núcleo familiar que genere ingresos y la cantidad total (antes de cualquier deducción).

- Ingreso de Salario - Incluye empleo a tiempo completo, empleo a tiempo parcial, y tiempo extra.
  - Debe incluir la frecuencia de pago (Anual, Mensual, Semanal, Bisemanal). Vea el ejemplo en la primera línea.
  - Seguro Social y Pensiones - Incluye cuentas de retiro, beneficios de seguro por incapacidad, beneficios de seguro social, beneficios de seguro social por incapacidad
- Asistencia Pública - incluye beneficios de desempleo, asistencia social, ayuda estudiantil, beneficios de TANF, ayuda de renta, seguro de ingreso suplementario
- Otro Ingreso - Incluye ingreso de trabajo por cuenta propia o negocio, contrato, pensión alimentaria, ingreso de renta.
  - Debe incluir la frecuencia de pago (Anual, Mensual, Semanal, Bisemanal). Vea el ejemplo en la primera línea.

Name Nombre	Employment and Wages Ingreso de Salario	Social Security and Pensions Seguro Social y Pensiones	Public Assistance Asistencia Pública	Other Income Otro Ingreso	Total Income Ingreso Total
Rose Smith	$3,350.00 monthly $3,350-00 mensual	$ 0.00	$ 0.00	$1,000.00 monthly $1,000.00 mensual	$4, 350.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
Total Household Income, including/confirming pay frequency Ingreso Familiar Total, incluyendo /confirmando frecuencia de pago					**$ 0.00**

Household Assets

Please list assets owned by each member of your household.

Activos/valores familiares

Enumere todos los activos/valores de su núcleo familiar

Name Nombre	**Cash** Efectivo	**Checking Account** Cuentas de cheques	**Savings Account** Cuentas de ahorros	**Credit Union** Cooperativa	**Stocks and Bonds** Acciones y Bonos	**Retirement** Cuenta de Retiro	**Real Estate Est. Value** Valor estimado de propiedad inmueble	**Total** Total
								$ 0.00
								$ 0.00
								$ 0.00
								$ 0.00
								$ 0.00
								$ 0.00
								$ 0.00
Total	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**

Income verification: Please provide all applicable documents from the following list for each adult who receives income: income tax returns, letter from employer, pay-stubs, social security or disability benefits letter or statement, retirement benefits letter or statement, child support court order or state agency letter.

Loss of income verification: Please provide any of the following applicable documents: layoff, furlough, or involuntary termination notices, letters from the employer, or other verification of loss of income provided by the employer. For gig workers, printouts of all payments made the by the gig employer(s) to the worker between March 1, 2020 and April 30, 2020. If none of these are available, we will contact the gig employer for verification.

I certify that the information provided herein is true and complete and that any misrepresentation of income or household size reported herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my **preliminary** eligibility for rental assistance and does not obligate me or the City of Alexandria in any way.

Verificación de ingreso: Por favor provea todos los documentos según corresponda de aquellos miembros de su grupo familiar que generen ingresos: declaración de impuestos, carta de su patrono, colillas/talonarios de pago, carta de beneficios gubernamentales, carta de seguro social, carta de beneficios de desempleo, estado de cuenta de beneficios de retiro, orden de la corte para la pensión alimenticia o carta de agencia del estado.

Verificación de pérdida de ingreso: Por favor provea los siguientes documentos según correspondan: carta de despido, carta de reducción de horas o aviso de terminación involuntaria de empleo u otra verificación del empleador de la terminación de su empleo. Los trabajadores por obra pueden someter copias de todos los pagos efectuados por el empleador de la obra o empleos por día del 1ro de marzo 2020 al 30 de abril 2020. Si este tipo de verificación no está disponible, nos pondremos en contacto con la compañía o empleador de la obra o empleo a corto plazo para obtener la verificación.

Certifico que la información aquí provista es verdadera y completa y que cualquier falsa representación de ingreso o tamaño familiar deberá ser causa para la descalificación del programa. Yo también entiendo que esta información será utilizada únicamente para determinar mi elegibilidad para asistencia de emergencia con el pago de renta y no constituye ninguna obligación por parte mía, ni de la Ciudad de Alexandria.

Name / Nombre Completo **Signature / Firma** **Date / Fecha**

The Government Data Collection and Dissemination Practices Act ("GDCDPA") requires that:

A. Any agency maintaining personal information shall:
    1. Inform an individual who is asked to supply personal information about himself whether he is legally required, or may refuse, to supply the information requested, and also of any specific consequences that are known to the agency of providing or not providing the information.
    2. Give notice to a data subject of the possible dissemination of part or all of this information to another agency, nongovernmental organization or system not having regular access authority, and indicate the use for which it is intended, and the specific consequences for the individual, which are known to the agency, of providing or not providing the information.

El Acta Gubernamental de Recopilación de Datos y las Prácticas de Difusión "Government Data Collection and Dissemination Practices Act" ("GDCDPA", por sus siglas en inglés) requiere que:

A. Cualquier agencia que mantenga información personal deberá:
    1. Informar al individuo a quien se le pide suplir la información personal, si la misma es requerida legalmente o si puede negarse a suplir la información requerida; al igual que cualquier consecuencia específica de la cual la agencia tenga conocimiento por causa de la provisión o falta de provisión de la información.
    2. Notificar a la persona a la que se refieran los datos de la posibilidad parcial o total de la difusión de esta información a otra agencia o sistema que normalmente no posee autoridad de acceso e indicar la intención del uso al igual que cualquier consecuencia específica para el individuo de la cual la agencia tenga conocimiento por causa de la provisión o falta de provisión de la información.

Office of Housing
421 King St., Ste. 215
Alexandria, Virginia 22314
703.746.4990
alexandriava.gov/housing

Asset Certification

COVID-19 Emergency Rent Relief Assistance Program

Complete only ONE form per household; include assets of children

Applicant / Tenant
Address and Unit Number

Complete 1 or 2:

1. ◯ I/we do not have any assets at this time (**skip to #3**)
2. ◯ I/we do have assets as follows:

Cash on hand	$ 0.00
Average 6 Months Checking Account Balance	$ 0.00
Equity in Real Estate	$ 0.00
Lump Sum Amounts Received	$ 0.00
Interest / Dividend Income	$ 0.00
Interest / Dividend Income	$ 0.00
Interest / Dividend Income	$ 0.00
Interest / Dividend Income	$ 0.00
Rental Income	$ 0.00
i.e. lottery/inheritance/insurance/lawsuit	$ 0.00
Total Assets	**$ 0.00**

- For all assets list the cash value, which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment.
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.
- Answer all items. If you do not have a specific type of asset, write "N/A."
- If "**Total Assets**" from Line 2 above is greater than $5,000, then multiply by .02 to calculate Total Income from Assets; otherwise type N/A.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of a lease agreement.

Signature of Tenant Date
Signature of Tenant Date
Signature of Tenant Date

Office of Housing
421 King St., Ste. 215
Alexandria, Virginia 22314
703.746.4990
Alexandriava.gov/housing

Client Authorization

COVID-19 Emergency Rent Relief Assistance Program

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I _____ , am signing this form for _____
(Full Printed Name of Consenting Person Or Persons) (Full Printed Name Of Client)

Client Address

Client Age

My relationship to the individual is ☐ Self ☐ Parent ☐ Other Legally Authorized Representative ☐ Power of Attorney ☐ Guardian

I want the following confidential information about the individual to be exchanged:

☐ Assessment Information ☐ Educational Records ☐ Financial Information
☐ Benefits/Services Needed, Planned, and/or Received ☐ Employment Records ☐ All the Above

I want the Office of Housing and the following entities to be able to use and exchange this information among themselves:

☐ Alexandria City Public Schools
☐ Alexandria Court Service Unit
☐ Alexandria Health Department
☐ Alexandria Police Department
☐ Family Assessment & Planning Team
☐ Landlord/Property Manager Local
☐ Health Department
☐ ADCHS, Center for Adult Services
☐ ADCHS, Center for Children and Families, Child Welfare
☐ ADCHS, Center for Children and Families, Child Behavioral Health
☐ ADCHS, Center for Children and Families, Domestic Violence/Sexual Assault
☐ ADCHS, Center for Economic Support
☐ Alexandria Redevelopment and Housing Authority (ARHA)
☐ Alexandria Emergency Financial Providers
☐ Other

I want this information to be exchanged only for **eligibility purposes** and information can be shared by the following means (check all that apply): ☐ Written ☐ In Meetings or By Phone ☐ Computerized Data ☐ Faxed

This authorization is effective _____ and is **good until:** ☐ My service case is closed ☐ Other: _____

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid consent to share information. **If I do not sign this form, information will not be shared, and I will have to contact each agency individually to give information about me that is needed.** However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature (Authorizing Person(s) **Date**

Person Explaining Form

Name Address Phone

Witness, if required

Signature Address Phone

I understand that I may revoke this authorization at any time by notifying in writing. Revocation will not apply to records already furnished in reliance upon this authorization. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and that information may not be protected by federal confidentiality rules. I understand that the consent extends to information placed in the consumer record after the consent was given but before it expires. I understand that certain records are protected by the Federal Drug & Alcohol Confidentiality Regulations (42 CFR, Part 2). If these records are protected by 42 CFR, Part 2, a recipient is prohibited from making any further disclosure of this information unless expressly permitted by my written authorization, except as otherwise permitted by the Regulations.

Signature of Authorizing Person(s) **Date**

For Office Use Only

Authorization is ◯ Revoked in entirety ◯ Partially revoked Date Received

Notification given ◯ Written ◯ Phone Received By

Office of Housing
421 King St., Ste. 215
Alexandria, Virginia 22314
703.746.4990
alexandriava.gov/housing

Landlord Authorization

COVID-19 Emergency Rent Relief Assistance Program

This authorization is a commitment by the City of Alexandria Office of Housing that the payment described below will be made to the Landlord on behalf of the participating tenant when this form is certified and signed by the landlord and returned to the Office of Housing.

To Landlord		**From**	Office of Housing
Address		**Address**	421 King St., Ste. 215, Alexandria, VA
Phone		**Phone**	703.746.4990
Fax			
Email			

Reference COVID-19 Emergency Rent Relief Assistance Program
Tenant Name
Property Address

Rent Arrearages of $ **0.00** for period from to

Name and Title of Authorized Agency Representative **Signature** **Date**

I certify that _____ (name of property) is owed the above amount, and that as its designated agent and representative, I have entered into a payment arrangement with the above-named tenant for any unpaid portion of their rent balance. I will make individual repayment agreements with the above-named tenant available to the City for review upon request.

I understand that in making this payment, the City is working to reduce the tenant's future repayment burden and reduce the tenant's financial hardship related to COVID-19. While the City will continue to work with tenants to identify resources and assistance, including to pay rent, but that any unpaid portion of the rent balance remains the responsibility of the tenant. If the tenant does not pay the unpaid portion of the rent according to the repayment agreement, I understand that I may be able to take legal actions against the tenant, but I agree that in exchange for this payment I will only institute legal action, including an eviction proceeding, after consultation with the Office of Housing.

I also understand that I may pursue legal actions, including those which may result in an eviction if the above-named tenant violates other terms of their rental agreement.

Landlord Name **Landlord Signature** **Date**

For Agency Use Only		
Authorization has been	☐ Revoked in entirety	☐ Partially revoked
Agency Representative Receiving Request		
Notification that authorization was revoked was by	☐ Letter (Attach Copy)	☐ Telephone In Person