



COVID-19 AFFECTED MY EMPLOYMENT/HOUSEHOLD IN THE FOLLOWING WAY(S):

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Check any of the following boxes that apply to your current situation:

- I have already regained employment and have sufficient income to resume making rent/mortgage payments after assistance is provided.
- My employer has guaranteed my return to employment and I am currently receiving unemployment compensation and have sufficient income to resume making rent/mortgage payments after assistance is provided.
- My employer has contacted me to return to work on \_\_\_/\_\_\_/\_\_\_ and has guaranteed return to my previous position and scheduled hours and I anticipate having sufficient income to resume making rent/mortgage payments after assistance is provided until I am able to return to work on the above date.
- My employer has not guaranteed my return to employment, but I anticipate having sufficient income from other sources to resume making rent/mortgage payments after assistance is provided.
- My employer has not guaranteed my return to employment and, at this time, I do not know if I will be able to resume making rent/mortgage payments after assistance is provided.
- I have lost income due to having to quit a job or stop work due to caring for a family member affected by COVID-19.
- I have lost income due to having to quit a job or stop work in order to provide childcare for my child or a child of whom I am guardian.
- N/A (None of these are applicable to my situation.)

### RENTAL ASSISTANCE HOUSING INFORMATION

Please check here if you are applying for Mortgage Assistance and leave this page blank.

I certify by completing this section that I am or anticipate being behind on my rent and experiencing a housing crisis by facing potential homelessness due to loss of income as a result of COVID-19.

*If any item does not apply to your particular situation, write N/A in the blank provided.*

ADDRESS OF RESIDENCE: \_\_\_\_\_

NAME OF APARTMENT COMPLEX (If Applicable): \_\_\_\_\_

PROPERTY MANAGER/COMPANY NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF TENANCY AT RESIDENCE START: \_\_\_/\_\_\_/\_\_\_ END (If Applicable): \_\_\_/\_\_\_/\_\_\_

AMOUNT OF MONTHLY RENT: \$ \_\_\_\_\_ ARE UTILITIES INCLUDED? YES / NO

DATE RENT BECAME DELINQUENT: \_\_\_/\_\_\_/\_\_\_

TOTAL AMOUNT OF RENT IN ARREARS: \$ \_\_\_\_\_

TOTAL AMOUNT OF LATE FEES/INTEREST CHARGES: \$ \_\_\_\_\_

HAS AN EVICTION NOTICE BEEN RECEIVED? YES / NO

WAS THE EVICTION NOTICE FOR NONPAYMENT? YES / NO

IF YES, LIST THE FOLLOWING DATE OF NOTICE: \_\_\_/\_\_\_/\_\_\_

EFFECTIVE DATE OF EVICTION: \_\_\_/\_\_\_/\_\_\_

ARE YOU CURRENTLY RECEIVING ANY TYPE OF FEDERAL HOUSING ASSISTANCE? Yes No

IF YES, INDICATE TYPE: \_\_\_\_\_

### MORTGAGE ASSISTANCE HOUSING INFORMATION

Please check here if you are applying for Rental Assistance and leave this page blank.

I certify by completing this section that I am or anticipate being behind on my mortgage(s) and experiencing a housing crisis by facing potential homelessness due to loss of income as a result of COVID-19.

*If any item does not apply to your particular situation, write N/A in the blank provided.*

**NAMES AND CONTACT INFORMATION FOR ALL MORTGAGE COMPANY (IES)/LOAN SERVICERS:**

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACCOUNT NO(S).: \_\_\_\_\_

AMOUNT OF MONTHLY MORTGAGE PAYMENT(S)  
LIST SEPARATELY IF MORE THAN ONE: \_\_\_\_\_

AMOUNT OF TOTAL MORTGAGE DELINQUENCY ON ALL MORTGAGES  
LIST SEPARATELY IF MORE THAN ONE: \_\_\_\_\_

MONTH/DATE OF 1<sup>ST</sup> DELINQUENCY: \_\_\_\_\_

HAVE YOU RECEIVED A FORECLOSURE NOTICE FROM YOUR LENDER? Yes No

ARE HOA FEES (IF ANY) AND TAXES AND INSURANCE INCLUDED IN YOUR MORTGAGE? Yes No

IF NOT, ARE HOA FEES, TAXES, AND INSURANCE PAYMENTS CURRENT? Yes No

IS THE PROPERTY LISTED FOR SALE? Yes No

HAVE YOU APPLIED FOR/RECEIVED ANY TYPE OF PAYMENT RELIEF/CONCESSIONS FROM YOUR LENDER?  
Yes No

IF YES, PLEASE DESCRIBE OR PROVIDE COPIES OF ANY CORRESPONDENCE RECEIVED FROM YOUR LENDER:

\_\_\_\_\_

Applicant's Initials: \_\_\_\_\_

My annual household income is: \$ \_\_\_\_\_

*Income is defined as total annual gross income (before taxes) of all family and non-family members age 18 and older living in the household. All sources of income must be counted from all persons in the household based on income anticipated to be received within the next 12 months.*

The dollar (\$) value of my household's assets is:  Less than \$5,000.  
 Above \$5,000 (Total: \$ \_\_\_\_\_)

*Assets are defined as funds available/accessible to the applicant and includes money in savings and checking accounts; stocks; bonds; certificates of deposit (CDs); 401(k), IRA, and other retirement accounts; surrender value of life insurance; equity in real estate other than your primary residence; etc.*

TOTAL NUMBER OF PEOPLE LIVING IN THE HOME: \_\_\_\_\_

*List all current household members below, including relationship to applicant (i.e., spouse, sibling, child).*

<u>Household Member Name</u>	<u>Relation to Applicant</u>	<u>Age</u>
_____	APPLICANT	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HAVE YOU OR ANY MEMBER OF THE HOUSEHOLD APPLIED FOR RENT/MORTGAGE, UTILITY, FOOD, OR OTHER ASSISTANCE FROM ANY OTHER AGENCY WITHIN THE PAST 12 MONTHS?**  YES  NO

IF YES, LIST NAMES OF AGENCIES, DATES APPLIED, IF/WHEN ASSISTANCE WAS AWARDED, AND AMOUNT OF ASSISTANCE (USE A SEPARATE PIECE OF PAPER TO LIST INFORMATION IF NEEDED):

\_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATED ANNUAL HOUSEHOLD INCOME**

Fill in the boxes where you receive income. In all other boxes, write N/A or 0.

PLEASE ENTER THE AMOUNT OF ANTICIPATED GROSS (BEFORE TAXES) ANNUAL INCOME for each household member 18 or older in the appropriate category in the table below:

INCOME SOURCE	APPLICANT	OTHER HOUSEHOLD MEMBER(S) 18 or OLDER	TOTAL
Salary			
Overtime, Commission, Tips, Bonuses			
Alimony, Child Support			
Social Security			
Pensions, Retirement, etc.			
Unemployment (include \$600 a week, if receiving), Workers' Compensation			
Business Net Income			
Rental Property Net Income			
Welfare Payments			
Interest and/or Dividends			
TANIF/WIC			
COVID-19 Payroll Program Payments – or rent/mortgage assistance			
Other			

HOW MANY IN HOUSEHOLD RECEIVED ECONOMIC STIMULUS IN 2020/2021: \_\_\_\_\_ (Put N/A If None)  
 TOTAL HOUSEHOLD AMOUNT OF ECONOMIC STIMULUS RECEIVED IN 2020/2021: \$ \_\_\_\_\_

**APPLICANT SIGNATURE/CERTIFICATION**

By signing below, I certify that the information provided in this application is accurate and complete. I further certify that I am a resident of McMinn County, Tennessee. I further acknowledge that an incomplete application will not be considered and that meeting program eligibility requirements does not guarantee assistance will be provided. I authorize the United Way of McMinn & Meigs Counties by my signature to verify all information I have provided in this application. I acknowledge and understand any false statements or false information provided by me on this application will result in immediate denial of my application for this program. I further agree to hold harmless the United Way of McMinn & Meigs Counties, its employees, Board of Directors, and volunteers.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date