



7102 W Okanogan Pl. Ste. 201, Kennewick WA 99336

509-737-3946

Treasury/Commerce Rent Assistance Program Household Information & Eligibility Form

Instructions: Use this form to screen and document household eligibility.

1. Household Information							
Household ID: (For Office Use Only)					Date:		
Name:						<input type="checkbox"/> Ages 18-24 / Young Adult	
Phone/Message Phone:				Address:			
Head of Households Age: _____				Number of Household Members: _____ Number of Household Members Under 18: _____			
COVID Hardship Please check the box/es of the situations that apply to your household. <input type="checkbox"/> One or more individual in the household qualified for unemployment benefits, or <input type="checkbox"/> has experienced a reduction in household income, or <input type="checkbox"/> incurred significant costs, or <input type="checkbox"/> experienced other financial hardship due directly or indirectly to the COVID outbreak <input type="checkbox"/> none of the above Are you at risk of homelessness or housing instability because of your past-due rent or eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> One or more household members are unemployed and have been unemployed for 90 days before application date.							
WA State is collecting <u>demographic data on head of households</u> assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional.							
Gender:	Female	Male	Trans Male (FTM)	Trans Female (MTF)	Gender non-conforming	Refused / Don't Know	
Race:	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Multi-Racial	White	Refused / Don't Know
Ethnicity:	Non-Hispanic/Non-Latinx		Hispanic/Latinx			Refused / Don't Know	
Landlord, property manager/owner, or person authorized to accept payment:							
Name:					Phone number:		
Payment Address:							
City:					State/Zip Code:		
Email Address:				Move in date:			
Monthly Rent Amount:					Number of Rooms:		
Number of months behind:				Last payment:			
Please include copy of ledger or lease with application							



2. Income Calculation

Please check all sources of income that your household received in the last 30 days (one month). **ATTACH PROOF**

- Social Security benefits
 Disability benefits
 Employment/earned income
 Supplemental Security Income (SSI)
 Self-employment income
 Worker's Compensation
 Pension/retirement benefits
 Unemployment
 Money from family/friends
 Veteran's benefits/Military allotments
 Child Support
 Other, please list: Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) _____
 Rental income or a land contract, mortgage, or other payment payable to a household member

Household name/ household members	Source of Income (see income types above)	Gross Income in a pay period	Calculation method	Annual Income
<i>Example: Jane Doe</i>	<i>wages</i>	<i>\$1,000</i>	<i>12</i>	<i>\$12,000</i>
				\$
				\$
				\$
				\$
				\$
Household Annual Income:				\$

7. Household Attestation

How to document: Grantees must require all applications for assistance to include an attestation from the applicant that all information included is correct and complete. Check the box for attestation type.

- Text, email, or other written attestation from household **OR**
 Verbal verification. By checking this box, provider is verifying they have received the verbal attestation from household **OR**
 Household signature: _____

For Office Use Only

- Income at or below 80% of [Area Median Income \(AMI\)](#)

Household AMI Tier

- Income below 30% AMI
 Income between 30%-50% AMI
 Income between 50%-80% AMI

Household Monthly Income (Annual Income/12):

\$