

Community Assistance Bureau Service Application



Part 1- To be completed by primary applicant

Date of Application: _____

HOUSEHOLD INFORMATION:

Last Name: _____ First Name: _____

Address: _____ Unit #: _____

County/City: Arlington State: Virginia Zip Code: _____

Phone Number: _____ Email: _____

Preferred Language: _____

Name of all household members	Relationship to Applicant	Preferred Pronouns	Age	Received Income

DEMOGRAPHIC INFORMATION:

Please enter the following information for the primary applicant

Race (check only one):

- Multi-Racial
- American Indian or Alaska Native Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Don't Know/Refused

Ethnicity (check only one):

- Hispanic or Latino
- Non-Hispanic
- Don't Know/Refused

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INITIAL SERVICE REQUEST: _____

SUPPORTING DOCUMENTS ATTACHED (please check all that apply):

- Lease (specifically tenant's information, rent amount, and signatures)
- Updated Ledger & Associated fees
- Income Verification/ Letter from Employer
- Check stubs from employer
- Other: _____
- Bank Statements
- Unemployment insurance statement
- Child support/alimony verification
- SSI/SSDI verification

PARTICIPATION CERTIFICATION:

I filled this form out for myself, and my signature authorizes this agency to verify the information and my circumstances that I have provided. I certify the information above to be true and complete and understand that deliberate misinformation can lead to legal prosecution. In addition, I am aware that if I willfully and knowingly give false information on this application for funds, I will no longer be able to apply for or receive any form of emergency financial assistance from Arlington County's Department of Human Services, for a period of at least one full year from the time that the false information was discovered. Additional penalties may apply, at the determination of the Department of Human Services, depending on the severity of the fraud, and can include up to a lifetime penalty from receiving any form of emergency financial assistance from Arlington County's Department of Human Services

Print Name of Applicant

Applicant Signature

Date



Thank you for completing the service application. The remainder of this form will be completed with you once your application is assigned and reviewed by CAB staff.

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Part 2- To be completed **WITH** CAB staff

Total Household Monthly Gross Income * (Must match supporting documentation as identified on page 2)	\$										
Number of Individuals in Household	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">___ Ages 0-8</td> <td style="width: 50%;">___ Ages 35-44</td> </tr> <tr> <td>___ Ages 9-17</td> <td>___ Ages 45-54</td> </tr> <tr> <td>___ Ages 18-24</td> <td>___ Ages 55-64</td> </tr> <tr> <td>___ Ages 25-34</td> <td>___ Ages 65 & Over</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL: _____</td> </tr> </table>	___ Ages 0-8	___ Ages 35-44	___ Ages 9-17	___ Ages 45-54	___ Ages 18-24	___ Ages 55-64	___ Ages 25-34	___ Ages 65 & Over	TOTAL: _____	
___ Ages 0-8	___ Ages 35-44										
___ Ages 9-17	___ Ages 45-54										
___ Ages 18-24	___ Ages 55-64										
___ Ages 25-34	___ Ages 65 & Over										
TOTAL: _____											
Household's Income AMI**	<input type="checkbox"/> At or Below 30% AMI <input type="checkbox"/> 31%-50% AMI <input type="checkbox"/> Over income										

**The determination of income includes any unemployment insurance received by a member of the household but does not include one-time payments such as a stimulus check.*

***Adjusted for household size and jurisdiction. Income limits are available via the following link:*

<https://www.huduser.gov/portal/datasets/il.html>

SELF CERTIFICATION OF LOSS OF INCOME

The applicant has experienced a loss of income due to experiencing a hardship beyond their control. Please select the reason(s) for loss of income below:

- Laid off
- Place of employment has closed
- Reduction in hours of work
- Must stay home to care for children due to closure of day care and/or school
- Reduction or elimination of child or spousal support
- Not able to work and/or missed hours due to unexpected medical emergency
- Unwilling or unable to participate in their previous employment due to their high risk of severe illness
- Other

Please describe your loss of income:

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ZERO INCOME CERTIFICATION

If household reports zero income, complete the below certification. **If not, write N/A:**

I, _____ (Applicant) verify that I, along with any other adult members of my household who are on the lease, are unemployed and not receiving any income, benefits, or financial assistance from any federal, state, or local agency and/or other private entity. I understand that false statement(s) or information provided to my landlord for the purposes of rental assistance through Arlington County could result in denial from the Arlington County emergency funds. I understand that failure to report income as stated above is grounds for denial from the Arlington County funds.

OVERALL MINIMUM REQUIREMENTS (for Eviction Prevention Assistance)

In order to receive financial assistance through Arlington County Department on Human Services households must meet the following minimum requirements:

- The applicant has a valid lease statement in their name.
- The household has experienced a loss of income due to hardship. Proof of hardship is required. (Head of household must complete the self-certification of loss of income).
- The household's total rent is at or below 150% Fair Market Rent for unit size and location.
- The household's current gross income is equal to or less than 50% Area Median Income for household size and location (supporting documentation required).el
- The household has received a late notice, 5 day pay or quit, writ of eviction or eviction notice

RENT/FUNDING INFORMATION

Rent includes fees and utilities that are charged to the tenant as part of the rent and listed within the lease agreement.

Property Name:
 Landlord/ Property Owner (Full legal name):
 Contact information for Landlord/ Agent Email:
 Phone number:

Applicant's Monthly Rent Amount	\$
Number of Bedrooms in Rental Unit	
Applicant's Rent Amount is at/below 150% FMR	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL AMOUNT of Rent Needed and Requested from Arlington County (Amount of Past Due Rent Owed + Current Month's Amount of Rent Due)	\$
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Rent may include late charges if such charges are set forth in the Lease.

***Current month's rent is determined based on the date in which the application and all documentation has been verified. If verified after the 15th day of the month. ***

OTHER RESOURCES

Source	Amount	Available by:	Confirmed (Y/N)

Completed by: _____
(CAB Staff)

Date: _____

Initial request date: _____

Subsequent request date: _____

Uploaded to Eviction Prevention App (Power App)? Yes No