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Qualifications for Emergency Rental Assistance

1. Applicant must reside within the City limits of Champaign, or be moving to an address within the City limits
2. Applicant must have eviction or 10 day notice.
3. Applicant must have a verifiable source of recurring income.
4. Applicants rent can **NOT** exceed half of their household monthly income.
5. Applicant amount request can **NOT** exceed \$400

Verification for Emergency Rental Assistance

1. Completed signed application
2. Driver's License/State ID for all adults in the household
3. Social Security card for primary applicant
4. Proof of income for the last 30 days including Paystubs, Child Support, Social Security, Pensions, and gifts from family/friends etc.
5. Current lease
6. Documentation of how remainder will be paid

****ALL SUBMITTED APPLICATIONS ARE FINAL AND CONSIDERED THE DETERMINING FACTOR OF YOUR ELIGIBILITY.***

***Availability of funds may take up to 10 days after application is processed and approved.**

***This is a one-time assistance available to a household once in a 2-year period.**

CHAMPAIGN COUNTY RENTAL ASSISTANCE APPLICATION

For Office Use Only			
<input type="checkbox"/> CCRPC	<input type="checkbox"/> Cunningham Township	<input type="checkbox"/> City of Champaign Township	
<input type="checkbox"/> Rent Assistance	<input type="checkbox"/> Rent Past Due	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Appointment

Applicant Name: _____ Date: _____

First
Middle
Last

Mailing Address: _____

Street
Apt #
City
Zip Code

Phone: _____ DOB: _____ E-mail: _____

SSN: _____ VISA/Immigration #: _____

Are you a US Military Veteran?

- Yes
- No
- Client Refused
- Client Doesn't Know

Gender

- Male
- Female
- Other: _____

Race/Ethnicity:

- American Indian or Alaskan Native?
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Client Refused

Hispanic/Latino:

- Yes
- No

Highest Level of Education

Are you currently working?

- Yes
- No

Do you speak English?

- Yes
- No

Domestic Violence Victim/Survivor:

- Yes
- No
- Client Refused

When did DV last occur?

- Within the past 3 months
- 3-6 Months Ago
- 6 months to 1 year ago
- 1 year or more ago
- Client Refused

Applied for Rent Assistance Before?

- Yes
 - No
- If yes, when? _____
 If yes, where? _____

INCOME AND SOURCES

Source of Income	Receiving income?		Monthly Gross amount
Earned income (money earned from a job)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI/SSDI/Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
General Assistance (GA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Child support / Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other source: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Total monthly income from all sources:			\$

NON-CASH BENEFITS

Source of non-cash benefit	Receiving benefit	
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Nutrition Program for Woman, Infants, and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 8, Public Housing, or other rental assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other source: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CURRENT EMPLOYMENT

Family Member	Name/Address of Employer	Type of Work	Monthly Wage (gross)	Start Date	Hours / Week	Date of Hire

EMPLOYMENT HISTORY

Family Member	Name/Address of Employer	Type of Work	Monthly Wage (gross)	Start Date	Hours / Week	Reason for Leaving

EMPLOYMENT INFORMATION

If you are not working, why not? _____

If you are looking for work, what kind of work are you seeking / would you enjoy?

HOUSEHOLD COMPOSITION

List all person(s) who are/will be living in your household. You must use the legal name for each member of your household as it appears on their Social Security Card or Birth Certificate. **PLEASE PRINT**

Name	Social Security Number	Date of Birth	Relationship to Head of Household
Race	Hispanic/Latino (Y/N)	Veteran (Y/N) ***	Gender
Health Insurance Provider	Disabled? (Y / N)		

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Living Situation

If Homeless

Current situation: Staying with family or friends Motel/hotel Shelter
 Place not meant for human habitation Other _____

How long have you been there? _____

How much do you pay to stay there: \$ _____ Weekly Monthly As able

Where were you living before becoming homeless?

Address: _____

City and State: _____

Why did you leave that place? Evicted Domestic Violence Other: _____

Have you found a rental unit to move into? No Yes Address: _____

City/State: _____

Landlord Name/Phone: _____

If Housed

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

How long have you lived at your current address? _____ Months _____ Years

Number of times in the past 12 months you had difficulty paying rent: _____ times

All Applicants

Have you lived in public housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a "Section 8" voucher or subsidized housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have reliable transportation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you need childcare?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a yearly lease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a 5-day or 10-day notice?	Expiration Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you receive a court ordered eviction notice?	Expiration Date: Court Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever received an eviction notice?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you owe past due power/utility bills?	Amount Owed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are your power/utility bills included in your rent?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you receive LIHEAP assistance?		<input type="checkbox"/> No <input type="checkbox"/> Yes

Why is it difficult to pay rent this month?

Emergency Medical bill (need proof of recently paid bill)
 Emergency car repair bill (need proof of recently paid bill)
 Funeral bill (need proof of recently paid bill)
 Hours cut/laid off/terminated (need letter from employer)
 School tuition (need proof of recently paid bill)
 Medical leave (need letter from employer and/or doctor)
 Other hardship (per manager's approval)
 Deposit expenses (need paid receipt/ letter from landlord)

APPLICANT REPORT

Please describe your hardship. Our program requires documentation of hardship, such as proof of bill payment, employment documents, letters from physicians, and landlord communications.

What have you done to "cut back" or come up with rent money already?

Are there any other areas of your life that you would like help with? We can use this information to make referrals.

RENT ASSISTANCE REQUEST

ASSISTANCE PROVIDED IS DETERMINED BY THE AVAILABILITY OF FUNDS WHEN APPLICATION IS PROCESSED.

How much is your total monthly rent obligation? \$ _____

Total amount of assistance that you are requesting: \$ _____

If approved, payment will be made directly to the landlord.

- I understand that some funders may require that my apartment undergo a Health & Safety Inspection
- I certify that the information presented above is true and accurate.
- I understand that to lie or mislead in order to obtain assistance is a fraudulent offense for which I can be prosecuted.
- I understand that the above information will be entered into a database as required by the funder for reporting purposes.

Signature of Applicant: _____

Date: _____

Signature of Case Manager: _____

Date: _____