

The Champaign County Rental Assistance Program

Check your eligibility before submitting:

1. Applicant must reside within Champaign County.
2. Applicant must have a verifiable source of recurring income.
3. Applicant's rent can **NOT** exceed half of their household monthly gross income, unless they receive a fixed income as their only source.
4. Applicant must have a verifiable, temporary, cause of hardship beyond their control.
5. Applicant household income must be at or under 200% of the federal poverty guideline.
6. Applicant has not received rent assistance from a program partner (Champaign County Regional Planning Commission, City of Champaign Township, nor Cunningham Township) in the past 2 years.
7. The program has a maximum assistance amount of **\$600** and requires proof of payment for any remaining balance. Funds **will not** be immediately available, as applications must be reviewed and verified.

Required documents to submit with your application for rent assistance:

1. Completed application and pre-screener.
2. Photo ID for all adults in household.
3. Social Security Cards for head of household, or VISA/Immigration # for primary applicant.
4. Proof of **all** income for the last 30 days.
5. Current **signed** lease if facing eviction.
6. Proof of hardship, such as receipt for medical costs, homelessness verification, change of employment, change of household composition, etc.
7. Copy of eviction notice if facing eviction **OR** 5-, 10-day, or other day notice from landlord.

NOTE: You will be required to provide documentation showing that the Rental Assistance will cover the entire amount owed in back rent.

Your application should be submitted to the following location:



Cunningham Township
Supervisor

205 W. Green St.
Urbana, IL 61801

217-384-4144



Regional Planning
Commission Dropbox

302 E. Park St.
Champaign, IL 61820



City of Champaign Township

53 E. Logan St.
Champaign, IL 61820

217-403-6120

Champaign County Rental Assistance Application

For Office Use Only

- CCRPC
- Cunningham Township
- City of Champaign Township

- Rent Assistance
- Rent Past Due

- Walk-in
- Appointment

Date _____

Applicant Name _____
First Middle Last

Mailing Address _____
Street Apt # City, State Zip Code

Phone _____ Email _____

Date of Birth _____ SSN _____ VISA/Immigration#: _____

Are you a US Military Veteran?

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

Do you have a disability?

- Yes
- No

Gender

- Male
- Female
- Other _____

Race/Ethnicity

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

Hispanic/Latino?

- Yes
- No

Are you currently working?

- Yes
- No

Do you speak English?

- Yes
- No

Highest Level of Education

Domestic Violence Victim/Survivor:

- Yes
- No

When did DV last occur?

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

Have you applied for Rental Assistance Before?

- Yes
- No

If yes, when? _____

If yes, where? _____

Income and Sources

Source of Income	Receiving Income?		Monthly Gross Amount
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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 Income Non-Cash Benefit	Receiving Benefit?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 Wages (gross)	Start Date	Hours/Week	Date of Hire

Employment History

Family Member	Name/Address of Employer	Type of Work	Monthly Wages (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)	Gender
Health Insurance Provider		Veteran (Y/N)***	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/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?

- 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)
- Emergency Medical bill
(need proof of recently paid bill)
- Emergency car repair bill
(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 the 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: _____