



The City of Champaign Township Standard Emergency Rental Assistance Program

READ ALL INFORMATION AND CHECK ELIGIBILITY BEFORE SUBMISSION:

1. Applicant **MUST** already reside within the City of Champaign Township.
2. Applicant **MUST** have a verifiable source of recurring income.
3. Applicant's rent can **NOT** exceed 40% of their household monthly gross income, unless they receive a fixed income as their only source of income. If you are on a fixed income such as SSI, Veteran's compensation, etc., the rent-to-income ratio is 70%.
4. Applicant **MUST** have a verifiable, temporary cause of hardship beyond their control.
5. Applicants **MUST** have rent arrearage (past-due rent). We currently do not have funds available for deposits.
6. Applicant has not received rent assistance funding 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 **\$300** and requires proof of payment for any remaining balance.
8. **Funds will not be immediately available**, as applications must be reviewed and verified. Please allow 7-14 days to process the application, and an additional 7-10 days for property managers to receive the funding.

NOTE: If you do **NOT** submit an application with all documentation attached (unless previously arranged with the case manager) your application will not be considered for processing. You have a 7 day period in which documents must be turned in by starting the day you submit the incomplete application OR the day you are contacted by Bailee, the case manager for rental assistance. If the required documents are not turned in by the 7th day, the application is denied on the 8th day. As a result of this denial, you will not be able to reapply for 3 months to the City of Champaign Township's Program.

DOCUMENTS THAT MUST BE SUBMITTED WITH COMPLETED APPLICATION:

1. Completed Emergency Rent Assistance application online or paper form in its entirety.
2. Copy of photo ID for all adults in the household and Social Security Cards for all household members including dependents.
3. Proof of **all** household income for the last 30 days. This can include but is not limited to: Job income, SSI/SSDI, TANF, Child support, Alimony, etc. If you do not have income at this time, you are not eligible to receive assistance from Township.
4. Current **signed** lease or lease addendum.
5. Proof of hardship, which includes but is not limited to: car repair bills, homelessness verification, loss of employment/loss of hours, change of household composition, doctor's notes, etc.
6. 5-, 10-day, or other balance notice from landlord **OR** a copy of a court-ordered eviction notice.
7. All releases of information and this form are read, filled out and signed (these documents are sent to you online via Docusign once you submit your application & documents listed above AND you have been deemed eligible.

NOTE: If your balance exceeds the 300.00 we can provide upon approval, one **MUST** have proof of payment of remaining balance. For instance, if you owe 750.00 total and are deemed eligible, you will not be formally approved until there is evidence that the 450.00 has been paid. You have one month to pay down the balance from the date of the approval, but the funds cannot be guaranteed due to rapid depletion of funding.

I have read this document in its entirety and agree to all written rules, policies and agreements listed:

Date:

Your application should be submitted to the following location:

City of Champaign Township ATTN:

Bailee VanAntwerp

53 E. Logan St. Champaign, IL 61820

bailee.vanantwerp@champaignil.gov

NAME: _____ DATE GIVEN: _____

- Application completed in its entirety
- Copy of ID and Social Security cards for all members in the household
 - Dependents under the age of 18 do not need to provide ID unless they contribute to the household's income, but you do need to provide copies of their social security number in some fashion
- Releases of Information and other necessary documents completed & signed (included in this packet)
- Copy of **current** lease, signed (this must show who is on the lease and how much is paid per month total) or proof of approval for housing
- Proof of Income for the past 30 days
- Proof of Hardship (reason outside of your control that caused you to not be able to afford rent)

ADDITIONAL DOCUMENTS THAT MAY BE NEEDED

IF YOU ARE SEEKING ASSISTANCE WITH AN EVICTION NOTICE:

- Payment Ledger September 2021-Present
- 5 Day Notice from landlord OR Court-ordered eviction notice

SEEKING ASSISTANCE WITH DEPOSIT/FIRST MONTH'S RENT

- Homelessness Verification (i.e., letter from a homeless provider OR homeless verification form completed. The latter is provided by COCT).

Lease offer OR sample lease that provides the following: exact address being offered, rent amount and deposit amount, and what is owed on the account total.

NOTE: We do NOT pay for the following: Utilities of any kind, late fees, parking fees, pet fees or other existing fees within your lease agreement. We pay only the base rent.

In order to be considered for our program, you MUST return the completed application & all documents listed by _____ . If you return it any later, you will have to re-do the application. We allot 7 business days for this process. You can expect a follow up/review of your application within 7-10 business days after this date if turned in on that day.

Champaign County Rental Assistance Application

For Office Use Only

- | | | |
|---|---|---|
| <input type="checkbox"/> CCRPC | <input type="checkbox"/> Deposit Assistance | <input type="checkbox"/> Online Submission |
| <input type="checkbox"/> Cunningham Township | <input type="checkbox"/> Rent Past Due | <input type="checkbox"/> Forward to Appropriate Recipient |
| <input type="checkbox"/> City of Champaign Township | | |

Date _____

Applicant Name _____
First Middle Last

Mailing Address _____
Street Apt # City, State Zip Code

Phone _____ Email _____

Date of Birth _____ VISA/Immigration#: _____

Do you currently or have you served in the US Military?

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

Hispanic/Latino?

- Yes
- No

Domestic Violence Victim/Survivor:

- Yes
- No

Do you identify as having a disability?

- Yes
- No

Is English your first language?

- 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

Gender

- Male
- Female
- I identify as: _____
- I choose to not answer this question

Highest Level of Education

Have you applied for Rental Assistance Before?

- Yes
- No

If yes, when? _____ If yes, where? _____

Race/Ethnicity

- American Indian/ Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Two or more of these races
- I choose to not answer this question

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)	Yes	No	\$
Child support / Alimony	Yes	No	\$
Other source: _____	Yes	No	\$
Total monthly income from all sources:			\$

Non-Cash Benefits

Source of Income Non-Cash Benefit	Receiving Benefit?	
	Yes	No
Supplemental Nutrition Assistance Program (SNAP)	Yes	No
Supplemental Nutrition Program for Woman, Infants, and Children (WIC)	Yes	No
Section 8, Public Housing, or other rental assistance	Yes	No
Other source: _____	Yes	No

Current Employment

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

Employment History

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

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 & ANSWER ALL QUESTIONS.**

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	<input type="checkbox"/> Motel/hotel	<input type="checkbox"/> Shelter
	<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> 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 this place?			
Evicted		Domestic Violence	
Other, explain: _____			
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			
Do you have a "Section 8" voucher or subsidized housing?		No	Yes
Do you have a 5-day or 10-day landlord's notice? Expiration Date:		No	Yes
Have you receive a court ordered eviction notice? Expiration Date: Court Date:		No	Yes
Do you owe past due utility bills? What utilities?		No	Yes
Do you receive or have you applied to receive LIHEAP assistance this year?		No	Yes
Do you need any food resources at this time?		No	Yes
Do you need any other resources at this time?		No	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/former employer)*
School tuition *(need proof of recently paid bill)*
Emergency car repair bill *(need proof of recently paid bill)*

- Other hardship
(per Case Manager's approval)
- Deposit expenses *(letter from landlord)*
- Emergency Medical Bill/Leave *(need letter from employer and/or doctor)*
- COVID

Applicant Report

Please describe your hardship in detail, to the best of your ability. Our program requires documentation of hardship, such as proof of bill payment, employment documents, letters from physicians, etc.

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 you are approved, a check will be sent directly to your landlord within 7-14 days of approval.

- 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: Case _____ Date: _____
Manager: Bailee VanAntwerp _____ Date: _____



Cunningham Township
 Danielle Chynoweth, Supervisor
 205 WEST GREEN ST • URBANA, IL 61801
 (217) 384-4144 • FAX: (217) 367-7063
 WWW.CUNNINGHAMTOWNSHIP.ORG



CHAMPAIGN COUNTY
 REGIONAL PLANNING
 COMMISSION



Consent to Release Information

Date: _____ Name: _____ DOB: _____

I, the above named, give permission for staff members at the Cunningham Township, City of Champaign Township, and Champaign County Regional Planning Commission to contact, obtain, and share information with the following organizations:

(Please strike through any organization you do not want contacted).

Regional Planning Commission	Daily Bread Soup Kitchen
Housing Authority of Champaign County	Salt and Light
Champaign-Urbana Tenant Union	Phoenix House/CU at Home
Rosecrance	Habitat for Humanity
PACE: Center for Independent Living	Austin's Place
First Followers	Courage Connection
Salvation Army	Restoration Urban Ministries
Cunningham Children's Home	Crisis Nursery
City of Champaign Township	Empty Tomb
Cunningham Township	Urbana School District
Champaign County Health Care Consumers	Champaign School District
Land of Lincoln Legal Aid	

Landlord Name: _____

Other: _____

By signing this release form, you allow Cunningham Township, City of Champaign Township, and/or Champaign County Regional Planning Commission to assist you with advocacy, obtaining information, and/or communicating with others involved in your case. We will work closely with you to ensure that you approve of our actions on your behalf. You can also withdraw this agreement at any time by contacting us. Thank you!

Signature: _____ Date: _____

Witness: _____ Date: _____

CITY OF CHAMPAIGN TOWNSHIP GENERAL ASSISTANCE OFFICE

Andrew J. Quarnstrom, Supervisor

53 E. Logan
Champaign, IL 61820

Phone: (217) 403-6120

**STATEMENT OF PURPOSE FOR COLLECTION OF
SOCIAL SECURITY NUMBERS IDENTITY PROTECTION POLICY**

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the Township to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law enforcement investigation;
- Child support investigation;
- Internal verification;
- General Assistance;
- Administrative services; and/or
- Other:

What do we do with your Social Security number?

- We will only use your SSN for the purposes for which it was collected.
- We will not:
 - Sell, lease loan, trade, or rent your SSN to a third party for any purpose;
 - Publicly post or publicly display your SSN;
 - Print your SSN on any card required for you to access our services;
 - Require you to transmit your SSN over the Internet, unless the connection is secure or you SSN is encrypted; or
 - Print your SSN on any materials that are mailed to you, unless State or Federal law requires that your number be on documents mailed to you unless we are confirming the accuracy of your SSN.

If you have questions regarding the Identity Protection Policy, please contact the Township representative who issued this form to you.

Name: _____

Signature: _____ Date: _____

Issued By: _____ Date: _____

CITY OF CHAMPAIGN TOWNSHIP EMERGENCY ASSISTANCE PROGRAM

NOTICE OF BENEFITS

PURPOSE:

The purpose of providing financial assistance in the case of emergency situation(s) that affect payment of rent or utilities is to 1) provide necessary referrals to assist in resolving said emergency situation 2) ensure financial stability after said emergency situation has resolved itself, and 3) assist the community in becoming more financially savvy in future endeavors.

INFORMATION ON RECEIVING FUNDS:

Clients can receive emergency assistance from the City of Champaign Township once every 24 months. When there are instances in which a client is applicable for more than one type of emergency assistance funding, they are able to apply for funding back to back. Once a client has received funding from all applicable funding sources, the client must find other sources of financial assistance not related to the City of Champaign Township's Emergency Assistance program during the gap of time in which they are not eligible for funding (this would be during the 24-month period in which clients cannot receive duplicate funding). Clients also may not receive separately if they were previously included in an application for emergency assistance with another household member within the past 24 months.

You may receive emergency assistance even though you have applied for and have been approved for TANF, AABD, RRA or SSI.

If you have questions about emergency assistance or the program requirements or particulars, you should direct all questions to staff at the City of Champaign Township.

I acknowledge that I have received a copy of the foregoing Notice of Benefits Available under the Emergency Assistance Program on this _____ day of _____, 2021.

Signature of Client: _____

Signature of Case Manager: _____

City of Champaign Township Client Rights & Responsibilities

As an applicant of the Township's Emergency Assistance Program, you are entitled to certain rights as well as in charge of certain responsibilities.

YOU HAVE THE RIGHT TO:

- File a written application for the Emergency Assistance Program & be assisted in completing said application. You can complete the application on paper or via our website, cctownship.com.
- Voluntarily withdraw any application, release of information or consent that you previously had given to the Township staff.
- Not be discriminated against due to your identified race(s), religion, color, sex, sexual preference, gender, immigration status, national origin, age, handicap status, or political affiliation(s).
- Have the information you have provided kept confidential unless disclosure of information is requested by law.
- Treated with respect and in a courteous and considerate manner.
- Ask questions about your application and inspect, in the presence of the staff at the City of Champaign Township, your case file during regular office hours. You also have the right to request copies of any paperwork that has been created during your time at the Township.
- To be referred to other agencies for benefits and other programs that you are applicable for.
- Receive a decision within 30 days of submission of the application for Emergency Assistance. You have a right to written notice of this decision. If your income or assets result in a denial of your application, you have a right to a written notice indicating how your income/assets make you ineligible for Emergency Assistance.
- Voluntarily repay the Emergency Assistance provided to you.

THE FOLLOWING ARE YOUR RESPONSIBILITIES AS A CLIENT:

- Complete and turn in a FULL application, which includes the application filled out in its entirety and the documentation required (listed on the first page of the application).
- Any appointments that are scheduled must be kept; If you are aware of the fact that you will be late or will miss the appointment, you must inform the office 24 hours before the scheduled appointment.
- Sign a release of information to share relevant information provided if it is needed to be shared.
- Complete any & all follow up survey(s) given after going through the Emergency Assistance Program.

IF YOU FAIL OR REFUSE TO ANY OF THESE CONDITIONS, YOUR APPLICATION FOR EMERGENCY ASSISTANCE MAY BE DENIED.

I acknowledge receiving a copy of the foregoing Notice of Rights & Responsibilities of Emergency Assistance, consisting of 2 pages total, on the _____ day of _____, 2021.

Signature of Client: _____

Signature of Case Manager: _____