



The City of Champaign Township Standard Emergency Rental Assistance Program

READ ALL INFORMATION AND CHECK ELIGIBILITY BEFORE SUBMISSION:

- Household must live in the City of Champaign.
- Household must have a regular source of income.
- Household’s rent cannot be more than 40% of one’s monthly income unless it is a source of fixed income. If one is on a fixed income the rent cannot exceed 70% of the monthly income.
- A short-term, emergency hardship must be proven.
- Applicants must have either past-due rent or be literally homeless, as defined by HUD, and seeking assistance with a deposit.
- Applicant has not received rent assistance funding from ANY program in the community within the past two years.
- Household must provide written lease or proof they will be on a written lease.

The program has a maximum grant amount of \$800. Your application will not be considered if your balance is over \$800.

NOTE: If you do NOT submit an application with all documentation attached your application will not be considered for processing. If you attempt to turn an application in without the documents listed on the back of this page, your application will be denied and shredded.

*****ALL REQUIRED DOCUMENTS ARE LISTED ON THE BACK SIDE OF THIS PAGE*****

I have read this document in its entirety and determined that I am eligible to apply for assistance. I also understand that if I am to submit the application with documents missing it will not be processed, and I will have to resubmit with all documentation.

By signing this document, I agree to allow the case manager to contact my landlord upon receipt of the application for rental assistance.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

**If you live in the City of Champaign,
your application should be mailed to:**

City of Champaign Township ATTN: EA Program
53 E. Logan St. Champaign, IL 61820

**You may also drop the application into our dropbox, located in the
back of our building**

NAME: _____

- 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
- Pre-Approval Forms - Release of information, Notice of Benefits, Notice of Rights & ID Protection Policy
- Copy of **current** lease, signed
- Proof of Income for the past **30** days OR a letter from an employer stating hours, rate of pay & start date
- Proof of Hardship (reason you cannot afford to pay rent)
 - This cannot be a handwritten note explaining your hardship. You must have third-party proof that a hardship has affected your finances (i.e.) you had to pay \$1,500 to get your car repaired. You would provide the car repair bill after you have paid it.
- Payment Ledger (get from landlord) showing all charges & payments on the rental account for the past 6 months.

ADDITIONAL DOCUMENTS THAT ARE NEEDED

IF YOU ARE SEEKING ASSISTANCE WITH EVICITION PROCEEDINGS, you must provide

- 5 Day Notice from landlord OR Court-ordered eviction notice
- Proof you have paid your balance down to \$800 or less

--SEEKING ASSISTANCE WITH DEPOSIT(only applies to literally homeless households)--

- Homelessness Verification- i.e.)letter from a homeless provider OR homeless verification form completed. This would be proof of hardship
- Lease offer OR that provides the following: exact address being offered, rent amount and deposit amount, and what is owed on the account total.

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. If you have to pay your balance down to \$800 or less, you will be required to pay these fees if they are listed on your payment ledger.

You MUST return the completed application & all documents listed to be considered for the assistance.

Please allow for 10-14 business days to process your application. The Emergency Assistance Case Manager will reach out to you with next steps.

City of Champaign Township Rental Assistance Application

For Office Use Only	© City of Champaign Township	⑥ Deposit Assistance
		⑥ Rent Past Due

Date _____

APPLICANT NAME _____
First Middle Initial Last

MAILING ADDRESS _____
Street Apt/Unit Number City Zip Code **Champaign**

PHONE _____ EMAIL _____

DATE OF BIRTH _____ SSN/VISA #: _____

<p>Do you currently or have you served in the US Military?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question</p>	<p>Hispanic/Latino?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p>	<p>Do you identify as a domestic violence victim or survivor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p>
<p>Do you identify as having a disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p>	<p>Is English your first language?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p>	<p>If yes, about how long ago did the last DV incident occur?</p> <p><input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 6 months to one year ago <input type="checkbox"/> 1 year or more ago <input type="checkbox"/> Client Refused</p>
<p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I identify as: _____ <input type="checkbox"/> I choose to not answer this</p>	<p>Highest Level of Education</p> <p><input type="checkbox"/> High school but no diploma/ <input type="checkbox"/> GED Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree/Certifications <input type="checkbox"/> Bachelors Degree or Higher <input type="checkbox"/> I choose not to answer</p>	<p>In the past 24 months, have you applied or received assistance from any of the following organizations?</p> <p><input type="checkbox"/> Regional Planning Commission Programs <input type="checkbox"/> Bridgewater Sullivan <input type="checkbox"/> Empty Tomb <input type="checkbox"/> Salvation Army</p>
<p>Race/Ethnicity Mark all that apply.</p> <p><input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more of these races <input type="checkbox"/> I choose to not answer</p>		

Income Before Taxes & Deductions

Source of Income	Receiving?				Gross Monthly Amount
Earned income (money earned through employment)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	\$
Unemployment insurance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	\$
SSI or SSDI	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	\$
Temporary Assistance for Needy Families (TANF) through DHS	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	\$
General Assistance (GA) from Township	<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	\$

Non-Cash Benefits

Source of Non-Cash Benefits	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
Housing Choice Voucher, Subsidy, HUD-rental assistance, or other ongoing housing assistance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other source: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Current Employment

Household Member	Place of Employment	Pay per hour or salary	Hours scheduled per week	Last Date Worked

Household Composition

List all person(s) who are/will be living in your household. **DO NOT LIST YOURSELF ON THIS PAGE.**

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

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		Veteran (Y/N)	Disabled (Y/N)

Living Situation

Please check/indicate which living situation your household is currently in:

- On a lease and paying rent
- Secured Housing, needing deposit assistance
- Living with someone, not on the lease & not paying rent
- Looking for new housing, currently paying rent elsewhere
- Looking for new housing, not paying rent and/or living in a shelter, safe haven, or somewhere not meant for human habitation (car, outdoors, condemned building)

If you chose option 1 or 2 above, please answer the following questions:

Property Management or Private Landlord's Name: _____

Person to Contact: _____

Email Address & Phone Number of Contact: _____

Additional Information

Do you have a 5-day or 10-day landlord's notice?	Expiration Date:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you receive a court ordered eviction notice?	Expiration Date: Court Date:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you owe past due utility bills?	What utilities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you receive or have you applied to receive LIHEAP assistance this year?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

What Hardship has caused a gap in ability to pay rent?

Deposit expenses (*letter from landlord*)

Funeral bill (*need proof of recently paid bill*)

Emergency Medical Bill/Leave (*need letter from employer and/or doctor*)

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, please give a brief explanation:

Assistance provided is determined by the availability of funds when the application is processed.

How much do you pay for rent per month? \$ _____
Total amount of assistance requested: \$ _____

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: _____ Date: _____

Case Manager: Brad Buldak 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 City of Champaign Township 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	Bridgewater Sullivan

Landlord Name: _____

Other: _____

By signing this release form, you allow the City of Champaign Township, to assist you with advocacy, obtaining information, and/or communicating with others involved in your case. This release expires one year from the date of signing. You can also withdraw this agreement at any time by contacting us.

Signature: _____ Date: _____

Witness: Brad Buldak 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 _____, 2023.

Signature of Client: _____

Signature of Case Manager: Brad Buldak

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 _____, 2023.

Signature of Client:

Signature of Case Manager:

Brad Buldak

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.

Client Name: _____

Signature: _____ Date: _____

Issued By: Brad Buldak Date: _____