



## Resident Assistance Fund Application Form

### Fund Purpose and Disclaimer

This fund is established by [Property Management Company Name] through voluntary employee contributions to assist residents facing **temporary, unexpected financial hardship** with rent or utility payments.

- **This fund is not guaranteed.** Assistance is subject to the availability of funds and meeting all objective eligibility criteria.
- **The decision is final and based solely on objective criteria** and supporting documentation outlined below.
- **Privacy:** All information will be kept confidential and used solely to determine eligibility for this fund.

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### Section 1: Applicant Information

- **Applicant Name(s) (as on lease):** \_\_\_\_\_
- **Property Address:** \_\_\_\_\_
- **Total Number of Occupants in Unit:** \_\_\_\_\_

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### Section 2: Requested Assistance Details

*Please check the type of assistance you are requesting:*

- Rent Assistance** (Specify Month: \_\_\_\_\_)
- Utility Assistance** (Specify Type: \_\_\_\_\_)

**Financial Breakdown:**

- **Current Past Due Amount (Exact):** \$ \_\_\_\_\_
  - **Total Amount Requested** \$ \_\_\_\_\_
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**Section 3: Statement of Financial Hardship**

Please detail the specific, unexpected event that caused your current financial hardship (e.g., medical emergency, unexpected job loss, natural disaster, unforeseen major car repair).

- **Hardship Explanation:**

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- **Date the hardship event occurred:** \_\_\_\_\_
- **Are you actively working to resolve the hardship?** (e.g., filed for unemployment, seeking new employment, created a payment plan).
- *Explain briefly:*

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**Section 4: Required Documentation Checklist**

To ensure objective and non-discriminatory decisions, you **must** provide the following documents. Applications without complete documentation will be declined.

**Please check off items as you attach them to this application:**

- Proof of Hardship:** (e.g., termination notice, medical bill/statement, notice of reduced work hours, utility disconnect notice, insurance claim denial).
  - Proof of Income (All Adults):** (Last two pay stubs, bank statements, or unemployment verification).
  - Copy of Current Lease Agreement** (Provided by Management)
  - Rent Ledger/Statement of Account** (Provided by Management).
  - Utility Bill/Late Notice** (If utility assistance is requested).
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## Section 5: Objective Eligibility Criteria (Office Use Only)

This section confirms the criteria used for a neutral decision.

Criteria Check	Yes	No
<b>1. Current Resident Status:</b> Is the applicant a current resident on the lease?		
<b>2. Hardship Verification:</b> Is the hardship verified as temporary and unexpected (based on documentation in Section 3)?		
<b>3. Documentation:</b> Has the resident provided <b>ALL</b> required documentation from Section 4?		
<b>4. Fund Limits:</b> Does the requested amount exceed the fund limit of \$[Specify Limit]? <i>(If Yes, the amount is reduced to the limit.)</i>		
<b>5. Payment History:</b> Has the resident made on-time payments for the last four consecutive months?		
<b>6. Prior Assistance:</b> Has the resident received assistance from this fund within the last [Specify Time Period, e.g., 12] months?		

## Section 6: Applicant Certification and Signature

I certify that the information in this application is true to the best of my knowledge. Assistance depends on fund availability, and false info will lead to denial and may breach my lease. The decision is based solely on the criteria in this form.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_