# RENTAL ARREARS ASSISTANCE FUND (RAAF) APPLICANT INFORMATION

| LAST NAME | FIRST NAME | MI | DATE OF BIRTH | DISABILITY STATUS |
|---|---|---|---|---|
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| | | | | |

RACE/ETHNICITY: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

Preferred Contact Method:

☐ Email ☐ Phone (Home) ☐ Phone (Cell)

**PHYSICAL ADDRESS**: _____ UNIT# _____

CITY: _____ ZIP: _____

**MAILING ADDRESS (if different from physical address)**

ADDRESS: _____

CITY: _____ ZIP: _____

Length of Tenancy: _____

## INCOME:

Monthly: _____ Source: _____

**Community Support:**

Have you sought other assistance to cure back rent arrears? If yes, please tell us **who** you sought funding from, **if you received** any, **if you were denied**, or if you are **no longer eligible**.

_____

My monthly rent is $ _____ or Lot Rent is $_____.

Does your rent include utilities? _____

The current amount that I owe my landlord for back rent is $_____.

If you are receiving assistance from a service provider/agency, please provide contact information:

_____

By providing this information you give VSHA permission to communicate with this service provider about your application.

- **Have you received eviction prevention funding in the past? _____**

**Second Applications for Same Tenancy:** Repeat *assistance may be approved when the applicant demonstrates an extenuating circumstance that is extraordinary, temporary, and beyond the applicant's reasonable control, and when there is evidence that the requested assistance is likely to result in long-term housing stability. Approval of repeat assistance shall be considered on a case-by-case basis and must be supported by documentation of the extenuating circumstance and a sustainability plan."*

**Requirements Relative to Second Application:**

- Minimum 1 year since last disbursement
- Applicants must show they have made every reasonable effort to make payments and address the delinquency.
- Provide documentation of Extenuating or Extraordinary situations.

**Have you met with another agency to receive support for this arrearage? Who did you reach out to and what was the response?**

_____

_____

_____

**Please explain and provide any circumstances that caused you to fall behind again. Please provide documentation of the challenge.**

_____

_____

_____

**ATTESTATIONS:**

- **This is the only application for this unit currently and no other person in my household is applying for the above amount from this or any program currently.**
- **I understand that VSHA may verify information provided in this application.**
- ***I understand that should I fall more than 60 days behind the landlord can evict for non-payment***
- I understand VSHA will make payments directly to my landlord. My landlord will accept whichever is less: the actual amount owed or the VSHA Payments Standard per month, and waive the rest, including waiver of late fees.
- I understand that my landlord is required to drop the current eviction proceedings.

***If tenants receive assistance completing this form, the assisting party should also sign***

_____ _____

Service Provider Date

_____ _____

Tenant Date

Please email completed form to: landlordrelief@vsha.org