

Expenses	Monthly Cost	<p style="text-align: center;">Documentation is necessary to support your reason for why you need assistance.</p> <p style="text-align: center;"><u>All documents and the application must be legible.</u></p> <p style="text-align: center;">Please email documents to: Rentfoundation@gdaa.org</p>
Rent		
Cable/Internet		
Electric		
Gas		
Water/Sewer/Trash		
Groceries		
Transportation/Car/Gas		
Household		
Insurance		
Other		
Total Monthly Expenses		

Copies of current income; pay stubs, unemployment, SSI, any other income documentation

Copies of Doctor Bills, Medical Bills, Doctors orders, etc.

Copies of Crime Investigation, Theft Reports, Court Orders

Other

Describe in detail why you are unable to pay your rent. **DETAILED EXPLANATION REQUIRED**
Continue to another page if necessary

What is your plan to pay rent on time going forward? **DETAILED EXPLANATION REQUIRED**

Submission of application does NOT guarantee assistance. Only applications approved by the GDAA Rent Foundation Committee will receive funding. If approved, the rent payment will be made directly to your landlord. **It is your responsibility to ensure that the application and all documents have been received on time.**

Release of information: My signature (including electronic) and submission of this application means I give the GDAA Rent Foundation representatives permission to obtain any information requested and verify all information provided; including contacting my landlord, employer, anyone contributing to the monthly income or providing assistance. I understand this information will be used to establish eligibility to receive funds from the GDAA Rent Foundation. I understand any false information I may have provided will make me ineligible to receive funds. I agree to hold all parties harmless from any liability in the release of information. I understand my household may only request funds twice in a six month period.

Signature of Applicant

Date

Signature of Co-Applicant

Date