

Rent Assistance Application

You must complete this form in its **entirety** and include **ALL** required supporting documents. Incomplete applications will not be considered. Don't hesitate to call with any questions.

3155 Elbee Road, Suite 300, Dayton, OH 45439; rentfoundation@gdaa.org Phone: 937-293-1170 For Office Use Only Received: Approved: Yes No Amount Paid: Check #

Date	Amount Requested	Month		
Have you applied for assista	ance with the Rent Foundation	n in the past?[]Yes Month/Year:	🗌 No	
Applicant Name				
Co-Applicant Name				
Applicant Phone Number		Email Address:		
Address		Apt #		
City Zip Code				
	nformation (choose yes o			
Apartment Community		Single Parent		
Phone Number		Two-Parent Household		
Monthly Rent		Single Person		
How Long have you been at this address? Years Months		#Adults/No Children		
Do you have past due rent? []Yes, \$ []No		Multigenerational Household		
If yes, what month:		List name and age of everyone in the		
Have you received an Evictin		household		
Do you Have A Subsidy?		Applicant:	Age	
Have you told the Property Manager that you don't have the money to pay your rent? ☐Yes ☐ No		Name:	Age	
Do you have a payment plan? ☐ Yes ☐ No		Name:	Age	
If yes, what is the plan:		Name:	Age	
		Name:	Age	
List MONTHLY income and source of everyone on lease or that contributes to the household				
Employment	Status Applicant	Income (Enter 0 if it doesn't apply)		
Employed Full Tin	ne 🛛 Part Time	Applicant Employment/Unemployment		
Employer		Co-Applicant Employment/Unemployment		
Length of employment Years Months		ns SSI/Disability etc.		
Unemployed -Length of unemployment Years Months		ths Social Security		
Reason		SNAP (Food Stamps)		
		Child Support		
Work Status– Co-Applicant		Other financial assistance: (List)		
Employed Full Tim	e 🛛 Part Time	Other		
Employer		Other		
Length of employment	Years Mont			
Unemployed Leng	th of unemployment			
Reason				
		Total Monthly Income		

Expenses	Monthly Cost	Documentation is necessary to support your reason for why you need assistance.		
Rent				
Cable/Internet		All documents and the application must be legible.		
Electric		Please email doccuments to:		
Gas		Rentfoundation@gdaa.org		
Water/Sewer/Trash		Copies of current income; pay stubs, unemployment, SSI, any other income documentation		
Groceries				
Transportation/Car/Gas		Copies of Doctor Bills, Medical Bills, Doctors orders, etc.		
Household		Copies of Crime Investigation, Theft Reports, Court Orders		
Insurance		Other _		
Other				
Total Monthly Expenses				
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