



State of Utah  
Department of Workforce Services  
Housing and Community Development Division  
**TENANT APPLICATION FOR ASSISTANCE**

(One application per household/unit)

Primary Tenant Applicant (must be listed on lease): \_\_\_\_\_

Tenant Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**1. Monthly Gross Income:** \$ \_\_\_\_\_ (Provide documentation to your landlord)

Enter the most recent full month's income for your household. (Include all income for all household members that are 18 years or older, unless they are a full-time student.) See <https://jobs.utah.gov/covid19/eraincome.pdf> for details on what income should be included or excluded.

**Instructions:** Multiply your hourly wage by the average hours worked per week. Then multiply that number by 52. Then divide that number by 12 to get your Gross Monthly Income.

**Example:** Matt earns \$8 per hour and works 20 hours per week.  $\$8 \times 20 = \$160$ ,  $\$160 \times 52 = \$8320$ ,  $\$8320/12 = \$693.33$ .

**2. 2020 Annual Gross Income:** \$ \_\_\_\_\_ (Provide documentation to your landlord)

Enter the 2020 Annual Gross Income for your household. (Include all income for all household members that are 18 years or older, unless they are a full-time student.)

**Instructions:** Add all income received by all household members for the year.

**3. How many people permanently reside in your home?** \_\_\_\_\_

**4. Have one or more individuals within the household been financially impacted directly or indirectly related to COVID-19 after March 12, 2020?**

Please select all that apply:

- Qualified for unemployment benefits
- Experienced a reduction in household income
- Incurred significant costs
- Experienced other financial hardship

**5. Can one or more individuals within your household demonstrate a risk of experiencing homelessness or housing instability, which may include:**

- A. A past due utility or rent notice or eviction notice
- B. Unsafe or unhealthy living conditions
- C. Any other evidence of such risk, as determined by the eligible grantee involved

Yes  No

**If YES, please explain:**

6. Are you receiving rent assistance from another organization that is paying your rent in full? .....  Yes  No  
 Please list all sources and phone numbers of rental or utility assistance your household is currently receiving, if applicable:

**7. DEMOGRAPHIC INFORMATION**

**Primary Tenant's Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Race/Ethnicity (check one)**  White  Black / or African American  Asian  
 Native Hawaiian or Other Pacific Islander  Multi-Racial  
 Other

**Hispanic/ Latino Ethnicity (check one)** .....  Yes  No

8. Is anyone in your household currently unemployed and have been unemployed for more than 90 days due to loss of employment? .....  Yes  No

9. Do you have any outstanding utility or internet bills? .....  Yes  No  
**If Yes**, please provide documentation to your landlord.

10. Do you use internet to engage in distance learning, telework, telemedicine, or obtain government services? .....  Yes  No

11. Are you related to your landlord? .....  Yes  No

**APPLICATION CERTIFICATION:**

I certify under criminal penalty under the law of Utah that the information I provided on this application is true and correct. I understand that if any of the information is false or inaccurate, I may be responsible to repay any funds received.

I understand the Department of Workforce Services conducts reviews of rental assistance, even after payments have been made. These reviews are designed to determine the accuracy and quality of eligibility decisions made, and the accuracy of payments made. Applicants and recipients of rental assistance may be asked to cooperate with these reviews which may include requests for additional information. By participating in this program, you are agreeing to provide complete and accurate information requested as part of a quality control review. Information requested must be provided to the Department within 10 days of the request.

By signing this document, I consent to the disclosure of my name, contact information, and account information to my landlord, utility companies, or any organization that may be assisting with my rent or utility payments for the purpose of determining my eligibility for benefits and services.

Tenant Signature:  /s/ \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Opportunity Employer/Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.