



City of Yuma
Neighborhood Services
Emergency Rental Assistance Program
Application for Assistance

For Office Use Only:

Reviewer Name: _____ Confirmed Address: _____
Date Received: _____ Time Received: _____

Applicant

Name: _____ Last four digits of Social Security: _____
Phone: _____ H C W Other Alternate Phone: _____ H C W Other
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Contact Preference: Phone Email Mail Text

List all members of Household, including Applicant

| | | | |
|-------------|------------|-------------|------------|
| Name: _____ | Age: _____ | Name: _____ | Age: _____ |
| Name: _____ | Age: _____ | Name: _____ | Age: _____ |
| Name: _____ | Age: _____ | Name: _____ | Age: _____ |

Employment Information (For all adult members of the Household)

Applicant Name: _____
Employer on March 1, 2020: _____
Employer Address: _____
Employer Phone: _____
Hourly Rate Pay: _____ Hours Worked: _____
Current Job Status: Laid off Terminated Reduced Hours Other (please explain in comment section)
Effective date of Job Status Change: _____

Co-Applicant Name: _____
Employer on March 1, 2020: _____
Employer Address: _____
Employer Phone: _____
Hourly Rate Pay: _____ Hours Worked: _____
Current Job Status: Laid off Terminated Reduced Hours Other (please explain in comment section)
Effective date of Job Status Change: _____

Comments

Owner of Rental Unit

Name: _____

Phone: _____ H C W Other Alternate Phone: _____ H C W Other

Address: _____

Property Manager

Name: _____

Phone: _____ H C W Other Alternate Phone: _____ H C W Other

Address: _____

Rent Information

Monthly rent: \$ _____ Due date: _____ How long have you lived there? _____

Do you have a lease? Yes No

Are you behind on your rent? Yes No

Have you received an eviction notice? Yes No

How much do you owe in back rent? \$ _____ For which months? _____

What utilities do you pay? _____

Do you owe back utilities? Yes No

Is your rent based on income? Yes No

Do you receive rent assistance? (Section 8, voucher, etc.) Yes No

Attach copies of these documents to your application:

- Lease Agreement
- Proof of rent payments
- Pay stubs from prior 30 days (for all adults in household)
- Statement of employment status change from employer (if available)
- Bank statements from prior month (for all adults in household)
- Social Security Award Letter (if applicable)
- Wage Statement UB-107 (for all adults in household)
- Award or Denial Letter from AZ Dept. Economic Security (for all adults)

I affirm that the information contained in this application is correct and I give my permission to use & forward this information onto WACOG to be processed for the Emergency Rental Assistance Program.

Yes No Date: _____

Return this Application to:

City of Yuma
 Department of Community Development
 Neighborhood Services Division
 One City Plaza, Yuma, AZ 85364
 (928)373-5187
NeighborhoodServices@YumaAZ.gov

Se Habla Español