



EMERGENCY HOUSING ASSISTANCE PROGRAM APPLICATION FORM

Applicant: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

The Emergency Housing Assistance Program serves eligible Montanan families with minor children, who because of the COVID-19 emergency or the response to that emergency, now lack sufficient income or resources available to pay rent or a security deposit. Please indicate what circumstance applies by checking the applicable box below:

- Required to be quarantined based on diagnosis of COVID-19.
- Required to self-quarantine based on a Directive of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or where the tenant has reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.
- Over 65 or has any health condition that places him/her at enhanced risk for COVID-19.
- Suffered a substantial loss of income from COVID-19, including:
  - Job loss;
  - Reduction in compensation;
  - Closure of place of employment;
  - Obligation to be absent from work to care for home-bound school-aged child; or
  - Other pertinent circumstances.

As a result of the COVID-19 emergency, my family lacks sufficient income or resources to pay rent or a security deposit. List the name(s) of employer or other source(s) of lost / reduced income:

\_\_\_\_\_

Other explanation or clarification: \_\_\_\_\_

\_\_\_\_\_

Families who receive other rental assistance, such as Housing Choice Voucher (Section 8), Rural Development/USDA, or other similar federal or state rental assistance are not eligible for the Emergency Housing Assistance Program. Please indicate below whether you are receiving rental assistance.

\_\_\_\_\_ I receive rental assistance (Y / N)      If yes, please indicate rental assistance type:

- HCV / Section 8     Project based Section 8     RD/USDA Voucher     RD/USDA Rental Assistance
- ESG                       Other \_\_\_\_\_



**HOUSEHOLD COMPOSITION**

The following household compositions are eligible. Check those that are true for your family:

- Families with minor children
- The minor children's blood-related/adoptive siblings with whom the children are living
- Pregnant women in their last trimester who have no other eligible children
- Refugees with minor dependent children

List all persons residing in your household:

HOUSEHOLD COMPOSITION				
HH #	Last Name	First Name & Middle Initial	Relationship to HoH	Date of Birth (MM/DD/YYYY)
HoH			HEAD	
2				
3				
4				
5				
6				
7				
8				

**HOUSEHOLD INCOME**

Our family's monthly earned income is at or below the level shown in the table below.

Family Size	2	3	4	5	6	7	8
Monthly Income	2,873	3,620	4,367	5,113	5,860	6,607	7,353

Monthly Household Income				
HH #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
HH				
TOTALS	\$	\$	\$	\$
Add totals from (A) through (D), above			<b>TOTAL INCOME (E):</b>	\$

Applicant must submit at least one (1) preferred or other acceptable income documentation from the list below:

Preferred income documentation:

- Letter or email from employer documenting job loss, layoff or closure of place of employment
- Recent paystub(s) documenting decrease in wage earnings



- Self-Employment Certification form
- Zero Income Certification form
- Letter from childcare provider documenting closure

Other acceptable income documentation (only if preferred unavailable or not applicable)

- Self-certification of absence from work to care for home-board school-aged child(ren)
- Self-certification of other pertinent circumstances (i.e. required to quarantine or self-quarantine)

**HOUSEHOLD ASSETS**

The Emergency Housing Assistance Program is restricted to eligible Montanan families with minor children whose readily available assets (checking, saving etc.) do not exceed \$3,000. Applicant acknowledges and understands that household assets include, but is not limited to, any monies in banks, credit unions, certificate of deposit and cash on hand. I do hereby swear is truthful that my/our household assets do not exceed \$3,000.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Assets			
HH #	Type of Asset	Financial Institution	Current Balance
HH	Checking account		
	Savings account		
	Money Market account		
	Certificate of Deposit		
	Cash on hand		
		<b>TOTAL</b>	<b>\$</b>

**HOUSEHOLD DEMOGRAPHICS**

Race	Ethnicity
<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Choose Not to Disclose
<input type="checkbox"/> Asian	Disability Status
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> One or more HH member(s) experiencing a disability
<input type="checkbox"/> Other	<input type="checkbox"/> Choose Not to Disclose
<input type="checkbox"/> Choose Not to Disclose	Senior / Elderly
	<input type="checkbox"/> One or more HH members age 62 or older
	<input type="checkbox"/> Choose Not to Disclose



**INSTRUCTIONS:**

Please submit complete application packet to [COVID19HousingAssist@mt.gov](mailto:COVID19HousingAssist@mt.gov) or mail to Montana Housing / P.O. Box 200528 / Helena, MT 59620-0528.

- ✓ *Emergency Housing Assistance Application with Release of Information*
  - ✓ Attach income documentation, i.e. employer statement, paystub(s) or other income verification
    - ✓ *Self-Employment Certification* (if applicable)
    - ✓ *Zero Income Certification* (if applicable)
- ✓ Attach current executed lease agreement

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial or termination of housing assistance.

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Applicant Signature

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Date



EMERGENCY HOUSING ASSISTANCE PROGRAM  
AUTHORIZATION FOR THE RELEASE OF INFORMATION

Applicant Name: \_\_\_\_\_

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

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

The Emergency Housing Assistance Program will remit rent and security deposit payments on behalf of approved program recipients directly to the recipient’s landlord or property owner. A complete application to the Program includes paperwork that must be completed and submitted by the Applicant’s landlord or property owner. In signing this consent form, I am authorizing Montana Housing to contact my landlord and/or property owner to request information, including but not limited to, rent and security deposit information. The groups or individuals that may be asked to release the authorized information include but are not limited to:

Landlord/Property Manager

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

In signing this consent form, I further authorize Montana Housing to disclose information about my Emergency Housing Assistance Program application and program recipient status to the Department of Public Health and Human Services (DPHHS) for the purpose of confirming no duplication of services.

I understand that my authorization will remain effective from the date of my signature through the duration of my Housing Assistance Program participating, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written, and dated communication. I have read and understand by signing below, I certify that I am giving permission for Montana Housing to obtain or share information for emergency housing assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

