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:

<table>
<thead>
<tr>
<th>HH #</th>
<th>Last Name</th>
<th>First Name &amp; Middle Initial</th>
<th>Relationship to HoH</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HoH</td>
<td></td>
<td></td>
<td>HEAD</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td></td>
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</tr>
</tbody>
</table>

HOUSEHOLD INCOME

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

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2,873</td>
</tr>
<tr>
<td>3</td>
<td>3,620</td>
</tr>
<tr>
<td>4</td>
<td>4,367</td>
</tr>
<tr>
<td>5</td>
<td>5,113</td>
</tr>
<tr>
<td>6</td>
<td>5,860</td>
</tr>
<tr>
<td>7</td>
<td>6,607</td>
</tr>
<tr>
<td>8</td>
<td>7,353</td>
</tr>
</tbody>
</table>

Monthly Household Income

<table>
<thead>
<tr>
<th>HH #</th>
<th>(A) Employment or Wages</th>
<th>(B) Soc. Security/Pensions</th>
<th>(C) Public Assistance</th>
<th>(D) Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTALS

<table>
<thead>
<tr>
<th>(A) Employment or Wages</th>
<th>(B) Soc. Security/Pensions</th>
<th>(C) Public Assistance</th>
<th>(D) Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Add totals from (A) through (D), above

TOTAL INCOME (E): $

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 ___________________________

<table>
<thead>
<tr>
<th>Assets</th>
<th>HH #</th>
<th>Type of Asset</th>
<th>Financial Institution</th>
<th>Current Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH</td>
<td></td>
<td>Checking account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH</td>
<td></td>
<td>Savings account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH</td>
<td></td>
<td>Money Market account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH</td>
<td></td>
<td>Certificate of Deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH</td>
<td></td>
<td>Cash on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

HOUSEHOLD DEMOGRAPHICS

Race
☐ White / Caucasian  
☐ Black or African American  
☐ American Indian or Alaskan Native  
☐ Asian
Ethnicity
☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
☐ Choose Not to Disclose

Disability Status
☐ One or more HH member(s) experiencing a disability  
☐ Choose Not to Disclose

Senior / Elderly
☐ One or more HH members age 62 or older  
☐ Choose Not to Disclose
INSTRUCTIONS:
Please submit complete application packet to 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.

_________________________________________  __________________________
Applicant Signature                      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