



COVID-19 Rental Assistance Application

This program provides emergency housing assistance to renters affected by shutdowns, closures, layoffs, reduced work hours or unpaid leave due to the COVID-19 health crisis. Eligible households may receive assistance up to \$1,500 for rent with payments made directly to property owners or management companies. Awards will be paid in a one-time installment to go towards an applicant's rent. **Please complete the following information and submit with all required documentation via fax to 833-520-4785.**

Applicant Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ Zip: _____ County: _____

Phone: _____ Email: _____ Occupation: _____

Are you current behind on rent? Yes _____ No _____ How many months do you currently owe? _____

Total rent owed: \$ _____ Have you received an eviction notice? Yes _____ No _____ Date filed: _____

Property Information:

Who owns or manages the property you rent? _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Monthly Rent Amount: \$ _____

Eligibility Screening:

Primary Language Spoken: _____

Have you been approved for any of the following programs:

_____ Pandemic Emergency Unemployment Compensation (PEUC)

_____ Pandemic Unemployment Assistance (PUA)

_____ Subsidized Housing (Housing Vouchers)

_____ None of the above

Household information:

How many people are in your household? _____

Applicants' household income at the time of application must be at or below 80% of the Area Median Income (AMI) for the county in which they reside. Income eligibility by county can be found [HERE](#).

Please complete the following fields for each individual in your household.

Household member 1:

Last name: _____ First name: _____ DOB: _____ Relationship: _____

Household member 2:

Last name: _____ First name: _____ DOB: _____ Relationship: _____

Household member 3:

Last name: _____ First name: _____ DOB: _____ Relationship: _____

Household member 4:

Last name: _____ First name: _____ DOB: _____ Relationship: _____

Household member 5:

Last name: _____ First name: _____ DOB: _____ Relationship: _____

Employer/Business Name: _____

Address: _____ City: _____

Zip: _____ County: _____ Phone: _____

Supervisor Name: _____

Was your employment impacted due to COVID-19? Yes _____ No _____

Current HOUSEHOLD GROSS income: _____

HOUSEHOLD GROSS income prior to March 10, 2020: _____

Income

Are you self employed: Yes _____ No _____

Please explain how COVID-19 has affected your business or income.

Third party income verification is required to verify your household income has been affected during this time. Please indicate which form(s) of income verification you can provide below to demonstrate that your income has been impacted by COVID-19. Attach proof of income from the following options:

- _____ 3 most recent months of bank statements
- _____ 3 most recent months of pay stubs
- _____ Income tax documents
- _____ Pension award letter
- _____ Proof of child support
- _____ Workman’s compensation check stubs
- _____ VA benefit statement
- _____ Social Security award letter
- _____ TANF statement
- _____ Proof of alimony
- _____ Unemployment check stubs
- _____ Military pay stubs

Documentation

The following documents MUST be submitted in order for your application to be considered.

- _____ Copy of active lease
- _____ Landlord Affidavit including W-9
- _____ Proof that your Average Median Income (AMI) is at 80% or below. Please verify using this document: <https://www.schousing.com/library/Monitoring/2020%20Income%20Rent%20Limits/2020%2080%20Income%20Rent%20Limits.pdf>
- _____ Proof of decrease in income due to COVID-19 beginning in February.
- _____ South Carolina government issued photo ID for applicant. Address must match the address of the lease agreement.

You are acknowledging that the funds provided will only go toward rent payments and any monies provided to you through this program beyond what is owed must be used towards future rent payments.

By signing below you attest that the information in this application is true and accurate to the best of your knowledge and you give SC Thrive the right to share this information with the SC State Housing Finance and Development Authority.

Signature: _____

Date: _____

Wet Signature Required

Administrative Use ONLY

QA Staff Assigned: _____ Application Status: _____

QA Notes: _____

Property owner contacted on what date? _____ Application decision date: _____

Reason for denial: _____

Check disbursed date: _____ Check # _____ Check Amount: _____