



## 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 currently 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: \_\_\_\_\_

Are you currently receiving any of the following benefits:

\_\_\_\_\_ 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%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: \_\_\_\_\_