



**City of Claremont
Homelessness Prevention No-Fault
Eviction Rental Assistance Program
Application**

Office Use Only	
Income Verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resident Verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinated Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No
No-Fault Eviction	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Lease Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPROVED:	<input type="checkbox"/> DENIED: <input type="checkbox"/>
Staff Certification:	_____
Date:	_____

Name of applicant: _____

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Amount requested: _____ Amount approved: _____

Address of Eviction: _____

Address of New Lease: _____

List all members of household with income including yourself:

Name: _____ Relationship: _____ Age: _____ Income: \$ _____

Name: _____ Relationship: _____ Age: _____ Income: \$ _____

Name: _____ Relationship: _____ Age: _____ Income: \$ _____

Name: _____ Relationship: _____ Age: _____ Income: \$ _____

Total # of Persons in Household: _____ Gross Monthly Income: \$ _____

Monthly mortgage or rental payment: \$ _____

Average monthly utility payments: \$ _____

Other major expenses: \$ _____

INCOME INCLUDES:	PROOF OF INCOME DOCUMENTS
<input type="checkbox"/> Salaries/Wages	<input type="checkbox"/> A complete copy of your most recent bank statement (checking, savings, etc.)
<input type="checkbox"/> Dividends/Interest	<input type="checkbox"/> Any other document which proves a recurring source of income
<input type="checkbox"/> Pension Payments	<input type="checkbox"/> Letter from Social Security Office stating the benefits you receive
<input type="checkbox"/> Social Security	<input type="checkbox"/> Picture ID
<input type="checkbox"/> Disability Payments	<input type="checkbox"/> Original bill(s)
<input type="checkbox"/> Proof of Eviction	<input type="checkbox"/> Lease agreement

***Proof of income for each household member MUST be attached to this application.**

I certify that I am homeless or would be homeless if not for this assistance. **Initial:** _____

I certify that the information contained on this application and the supporting documentation is true and complete to the best of my knowledge.

Signature: _____

Date: _____