

**Utah Housing and Community Development Division
Landlord Housing Assistance Program
Tenant Application for Assistance**

When accepting rental assistance from the State the property manager agrees not to evict you, the tenant, for non-payment of rent or terminate the lease or month to month rental agreement for any month(s) in which assistance is received.

Property owner will provide the tenant with a receipt acknowledging the payment of rent for the months for which rent was paid by the State.

TENANT NAME: _____ SSN: _____

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____ Email: _____

Number of Bedrooms: _____

Current Monthly Rent: _____ Current Monthly Rent Owed: _____

Ledger Required (If the claim amount is more than the rent amount stated on the lease, and if claiming arrears).

Arrears Amount Owed: _____ Arrears for the Month(s) of: _____

- This is my Primary Residence
- I am requesting my landlord apply for rental assistance on my behalf.
- I am NOT receiving any additional rental assistance from other sources (i.e., Red Cross, churches)
- I did NOT receive an Unemployment Insurance benefit for the months of March, April, May, June, or July seeking arrearages.

DEMOGRAPHIC INFORMATION

(LIST THE HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.)

TENANT'S FULL NAME	RELATIONSHIP	AGE	SEX

RACE (Check One)

- White
- Black/ or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Multi Racial
- Other _____

HISPANIC/LATINO ETHNICITY (Check one)

- Yes No

APPLICATION CERTIFICATION: I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE IF I/WE ARE ELIGIBLE TO RECEIVE RENTAL ASSISTANCE. I/WE AUTHORIZE THE STATE OF UTAH TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION.

Head of Household Signature

Date

Spouse/Tenant Signature

Date