
RENT ASSISTANCE PROGRAM

IMPORTANT INFORMATION

YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR **COMPLETED** APPLICATION TO BE CONSIDERED FOR THE RENT ASSISTANCE PROGRAM:

- ❖ DOCUMENTATION OF JOB LOSS, REDUCTION OF HOURS OR OTHER HARDSHIP DUE TO COVID-19.
(ie: letter from employer; other written statement)
- ❖ VERIFICATION OF PAST DUE RENT AMOUNT IN THE FORM OF THE LANDLORD ACKNOWLEDGEMENT FORM.
- ❖ VERIFICATION OF ALL INCOME.

Tuscarawas County
Application for Rent Assistance

FOR OFFICE USE ONLY
Date _____
Approved _____ Denied _____

Applicant	SSN
Co-Applicant/Spouse	SSN
Address	City/State/Zip
Contact Number:	Alternative Number:

Landlord: _____

Landlord address: _____

Landlord contact details: _____
Phone Number / Fax Number

Amount currently due: _____

Please list all who reside in this household: (use back of sheet if needed)

Name	DOB	SSN	Relationship

Income detail: (please attach verification)

Name of person	Employer Name / Address or Other Income Source	Amount

Resource detail:

Name of person	Financial Institution	Balance

I would like to receive legal assistance.

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

LANDLORD ACKNOWLEDGEMENT OF RESIDENCE AND RENT

Applicant Name / Co-Applicant Name	Landlord Name
Residence Address of Applicant / Co-Applicant	City / State/ Zip

I, _____ landlord of _____
formally acknowledge that he/she resides at the street address of _____,
in the city of _____, State of Ohio, since _____,
as my tenant.

I, _____, the landlord of _____,
formally acknowledge that he/she is past due on rent in the amount of \$ _____,
at the street address aforementioned, for months _____,
and _____.

I, _____, the landlord of _____,
agree to accept payment of listed amount from Tuscarawas County as payment on behalf of my tenant.
Any eviction process for non-payment will be halted and not pursued as this will be considered to bring
tenant current. I understand payment could be a thirty-day process and am willing to accept the terms
for payment.

Sincerely,

Landlord Signature

Landlord Address

Landlord Contact Number

Date