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RENT ASSISTANCE PROGRAM

IMPORTANT INFORMATION

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YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR **COMPLETED** APPLICATION (leave no sections blank) 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 that must include how COVID has impacted your employment, last day worked and last pay amount/date detail)
- ❖ VERIFICATION OF PAST DUE RENT AMOUNT IN THE FORM OF THE LANDLORD ACKNOWLEDGEMENT FORM.
- ❖ VERIFICATION OF ALL INCOME.

Tuscarawas County  
Application for Rent Assistance

<b>FOR OFFICE USE ONLY</b>
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

Bank Account 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