

## **Apartment Association Outreach, Inc.**

### **Rent Assistance Guidelines**

- 1) Rent Assistance payments are for people who cannot pay their rent due to a personal emergency or conflict beyond their control, such as illness or unexpected unemployment.
- 2) Once a property manager/landlord identifies a resident who has an emergency and is not able to pay their full rent, application may be made for assistance. It is best to refer within 30 days of identifying the situation.
- 3) Rent Assistance payments must be made payable to the property manager or owner or whomever the rent is due – not to the individual. Rent will not be paid into an escrow account.
- 4) Payments will be limited to no more than one month's rent to a maximum of \$500.00.
- 5) The recipient must be on the lease or listed as an occupant at the address for which the rent is being paid.
- 6) The recipient must be able to demonstrate that they will be able to pay their rent in the future.
- 7) If an eviction has been filed, the recipient must be able to provide proof that the eviction action will be stopped and that they will be able to continue to reside in the premises. Also, the resident must demonstrate that the funds are available to work out a payment agreement to pay the rent on time as well as a regular payment against the outstanding balance (if a payment agreement is suitable for the property manager/landlord and is put in writing)
- 8) If the recipient is receiving assistance for partial payment of rent, they must demonstrate that they have the balance of the full rent due.
- 9) An individual/family may only receive funds once in a twelve-month period.
- 10) Rent assistance payments are for "working" people. This may also include those covered by veteran's pension, SSI, SSDI, or SS. The recipient's household should have at least one individual who earns a paycheck. (Part-time work is acceptable.)

Date \_\_\_\_\_

# APPLICATION FOR RENTAL ASSISTANCE

Funded by The Apartment Association Outreach, Inc.

## Welcome House of Northern Kentucky

**This application must be submitted by the referring Property Manager/ Property Owner.**

Completing the application does not guarantee you will receive funds. Your property manager/owner must complete the referral information below and submit this application for funding. **If approved, rent payment is made directly to your property owner.**

**Referring Property Owner/Property Management Company** \_\_\_\_\_

Apartment Community Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Referral Applicant Information (PLEASE PRINT)**

Name of Resident/ Family \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Number of persons in household: \_\_\_\_\_ Ages \_\_\_\_\_

Length of time at residence \_\_\_\_\_ Amount of monthly rent \_\_\_\_\_

Total amount owed \_\_\_\_\_

Amount resident has for payment \_\_\_\_\_

Balance due \_\_\_\_\_

Nature of Emergency \_\_\_\_\_

Have you previously received assistance from the Rent Assistance Program? \_\_\_\_\_ If so, when? \_\_\_\_\_

**Please include a photocopy of the resident's driver's license or identification card, a copy of the lease, and a copy of the Rent Ledger from the Leasing Office.**

*Further documentation, from landlord and family referred, may be required to secure funds.*

**Release of information:** My signature below means I give the AAO Rent Assistance Program permission to contact my landlord, my bank, my previous landlord and any social agency I may be receiving assistance from to gather information about me concerning the questions on this form. I understand this information will be used to establish my eligibility to receive funds from the AAO Rent Assistance Program. I understand any false information I may have provided will make me ineligible to receive any funds from the AAO Rent Assistance Program. **I understand my household can only request funds from the AAO Rent Assistance Program once in an eighteen month period.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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