

## **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) The recipient must be on the lease or listed as an occupant at the address for which the rent is being paid.
- 5) The recipient must be able to demonstrate that they will be able to pay their rent in the future.
- 6) 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)
- 7) If the recipient is receiving assistance for partial payment of rent, they must demonstrate that they have the balance of the full rent due.
- 8) An individual/family may only receive funds once in a twelve-month period.
- 9) 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.)

**Please read before submitting a**  
**Rent Assistance Application**

**You will NOT be considered for help paying your rent if you are filling out for any of the following reasons:**

1. You are filling it out to receive money for a deposit in order to move in.
2. You are filling it out to receive money for a FIRST month's rent. (You must already live in the apartment/rental home you are asking us to pay rent for.)
3. You are filling it out to receive help with any bills other than rent. (For example: mortgage, groceries, car payments, doctor bills, loan payments, etc.)
4. You have an eviction notice and need the money now. The extent of your problem may be more than we can help.
5. You have already filled out two applications within the last six months.

**When filling out the application please make sure to do the following or your application will be returned to you.**

1. Make sure you fill the application out completely and sign it.
2. Make sure you have included the landlord's name, address, zip code and phone number and they have completed their referral.
3. Make sure your application is submitted to one of the five partners, based on where you live, in order for the up to 30 day process to be completed.
4. Make sure you put down the EXACT date (not ASAP) the rent money is needed.

**Our money comes from personal donations.  
Rent is paid directly to landlord.**

# Apartment Association Outreach, Inc.

## APPLICATION FOR RENTAL ASSISTANCE: Clifton/Corryville area 45220 Jewish Family Service

(Completing the application does not necessarily mean you will get funds. Only applicants approved for Apt. Assn. Outreach Rent Assistance will receive funding. Your landlord must make a referral on the application for funding. If approved, rent payment is made directly to your landlord.)

### Referring Landlord/Property Owner

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Info: (office or cell) \_\_\_\_\_ Date of referral: \_\_\_\_\_

Landlord's reference: \_\_\_\_\_

\_\_\_\_\_

### Referral Information PLEASE PRINT

Name of Individual/Family: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number where referral can be reached: \_\_\_\_\_

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

Length at residence: \_\_\_\_\_ Amount of monthly rent: \_\_\_\_\_ Total amount owed: \_\_\_\_\_

Amount resident has on hand for payment: \_\_\_\_\_ Balance due: \_\_\_\_\_

Nature of emergency: \_\_\_\_\_

\_\_\_\_\_

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

*Further documentation from both Landlord and family referred may be required in order 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 a twelve-month period.

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