

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 completed and submitted for assistance. It is best to submit within 30 days of identifying the situation.
- 3) Rent Assistance payments must be made payable to the apartment community or owner/management company – 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.
- 5) The recipient must be on the lease at the address in which the rent is being paid.
- 6) The recipient must be able to demonstrate that he/she will be able to pay the rent in the future.
- 7) Recipient must not be involved in eviction proceedings. 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, he/she must demonstrate that he/she has the balance of the full rent due.
- 9) An individual/family may only receive funds **ONCE** in an eighteen month period.
- 10) Rent assistance payments are for employed individuals. This may also include those covered by Veterans Pension, SSI, SSDI, or SS. The recipient's household should have at least one individual who earns a paycheck. (Part-time work is acceptable.)

Do not fill out an application for any of the following reasons:

- 1) To receive money for a deposit in order to move in
- 2) To receive money for a FIRST month's rent (You must already live in the apartment/rental home for which you are asking us to pay rent.)
- 3) 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 completed an application within the last eighteen months.

Date _____

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APPLICATION FOR RENTAL ASSISTANCE

Santa Maria

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 _____

Owner/Management Company Address _____

Owner/Management Company Phone Number _____

Signature of Owner/Management Company Representative _____

Print Owner/Management Company Representative _____

Referral Applicant Information (PLEASE PRINT)

Name of Resident/ Family _____

Address _____

Phone Number _____

Number of persons in household: _____ Ages: _____

Name of Resident/Family _____

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 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 from any social agency I may be receiving assistance, 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 _____