

Rental Application Assistance Program (RAAP) Please print in blue or black ink

PRIMARY APPLICANT						
Last Name	First Name	Middle	DOB	Gender <i>M / F / NB</i>	Race/Ethnicity	
					<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Black / Afr. American
<i>Current Address</i>	<i>Phone</i>				<input type="checkbox"/> Latino/a	<input type="checkbox"/> Native American
	<i>Email</i>				<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Other

ADDITIONAL HOUSEHOLD MEMBERS TO BE REIMBURSED					
Name (Last, First)	Relation	Age	Gender <i>M / F / NB</i>	Race/Ethnicity	
				<input type="checkbox"/> Asian/ Pac Is.	<input type="checkbox"/> Black/AA
				<input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/Cauc.
				<input type="checkbox"/> Latino/a	<input type="checkbox"/> Other
				<input type="checkbox"/> Asian/ Pac Is.	<input type="checkbox"/> Black/AA
				<input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/Cauc.
				<input type="checkbox"/> Latino/a	<input type="checkbox"/> Other
				<input type="checkbox"/> Asian/ Pac Is.	<input type="checkbox"/> Black/AA
				<input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/Cauc.
				<input type="checkbox"/> Latino/a	<input type="checkbox"/> Other
				<input type="checkbox"/> Asian/ Pac Is.	<input type="checkbox"/> Black/AA
				<input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/Cauc.
				<input type="checkbox"/> Latino/a	<input type="checkbox"/> Other

IS ANY MEMBER OF THE HOUSEHOLD: Disabled Active Military Veteran Decline to state

RENTAL PROPERTY: Please provide information about the property you are applying to rent

<i>Property Address</i>		<i>Mgr Name</i>	<i>Application Fees Paid:</i>
		<i>Mgr Phone</i>	<i>Credit Check Fees Paid:</i>

I certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to obtain and present documentation verifying my income, residency and reimbursable expenses. I allow release of this information for verification purposes and understand that it will be used for case management, referrals, and follow-ups as required. I am aware that misrepresentation or falsification will lead to my immediate denial of services, I may be prosecuted for fraud or perjury and that action may be taken against me to recover any funds expended on my behalf while participating in this program.

Primary Applicant Signature **Date**

OFFICE USE ONLY			
A. Income Verification	B. HUD Eligibility	C. Identity Verification	D. Proof of Expense
<input type="checkbox"/> Pay stub	<input type="checkbox"/> ELI	<input type="checkbox"/> Driver license	<input type="checkbox"/> Email
<input type="checkbox"/> EDD printout	<input type="checkbox"/> VLI	<input type="checkbox"/> ID card	<input type="checkbox"/> Handwritten Receipt
<input type="checkbox"/> Social Security statement	<input type="checkbox"/> LI	<input type="checkbox"/> Matricula Consular	<input type="checkbox"/> Printed Receipt
<input type="checkbox"/> DPSS benefit printout		<input type="checkbox"/> Student ID	<input type="checkbox"/> Bank/Credit Card Statement
<input type="checkbox"/> EBT card			
<input type="checkbox"/> Employer letter			
<input type="checkbox"/> Affidavit of Income			
APPLICATION PROCESSING			
<i>Application Received</i>		Submit Date	Staff Initials
<i>Application Incomplete – Need Add'l Info</i>		Return Date	Staff Initials
<i>Application Returned with Info</i>		Resubmit Date	Staff Initials
<i>Application Approved</i>		Approval Date	Staff Initials
<i>Reimbursement Paid</i>		Check Number	Check Date

DOCUMENTS NEEDED FOR REIMBURSEMENT OF RENTAL APPLICATION/CREDIT CHECK FEES

- 1) Intake application
- 2) Proof of income (use HEAP guidelines/affidavit)
- 3) Copy of rental application(s)
- 4) Receipt(s) for payment of application fees/credit check fees
 - a. One application and/or receipt for each person who wishes to be reimbursed
 - b. One check will be cut to the primary applicant for distribution to household applicants
- 5) Copy of Photo IDs for each household member being reimbursed (Matricula Consular card is acceptable; current student photo ID is accepted for adults age 18-24)