House of Amos - Application for Financial Assistance

To qualify, you must have experienced a sudden and significant loss of income **AND** are a parent with a child/children age 15 or younger living with you **AND** owe no more than \$1,000 **AND** live in one of these zip codes: 77036, 77042, 77072, 77082 or 77099

IF you meet all of these qualifications, PRINT this form and write a response, in English, on all lines.

Your N	ame:			_	
Addres	SS:		Apt	Zip	
How m	nany people live in the home?	Phone number:			
Email:_					
1.	What is your request for? We help with	rent and utilities			
on t	ch a copy of your signed lease agreemen the lease. Provide documentation showing the multiple adults, provide employment a	ng the age of your child(ren), su	uch as a birth certif		
2.	2. How much do you owe? The amount owed must match the amount on the rental ledger or utility bill. If your request is for rent, you must submit a copy of your rental account ledger from the landlord showing dates and details of activity for at least the past 6 months, including the date of your request. If you request is for utilities, include a copy of your current utility bill including usage and payment activity. The amount owed that you write on this application must match the amount owed on the rental account ledger or utility bill.				
	If you owe m	nited to \$1,000. We do not mak nore than \$1,000, do not submi as.org and ask for other resour	it an application.		
3.	Explain why you are unable to pay you	r rent or utility bill			
4.	Are you currently employed?	If yes, provide	a copy of your last	2 paycheck stubs.	
Provid	employed, when did you last work?e documentation regarding your loss of ended program, you must have experienced	employment, along with your n	nost recent income		
5. 6.	What is your source of income? Have you received any financial assista	nce for rent or utilities in the p	Pro ast 12 months? Ch	vide proof of income. eck one: Yes No	
If yes,	who was the assistance from?				
When	did you receive it?	How much did yo	ou receive?		

with House of Amos without your authorization.	
Landlord's name :	
Landlord's phone number:	
Landlord's email address:	
Please provide any other information you think is relevant for our con	sideration
Include a copy of a current picture ID with your application. Do Not bank statement or any other document that contains your Social Secular Security Securi	plication is accurate, current and true at the time of ur landlord or utility company. Falsifying information on
Signature:	Date:
It is important for you to make every effort to find available options apartment office. Contact city services (211) or visit their website at your utility provider to work out a payment plan.	•
Requests are handled through email only. Complete all line item	s on the application and sign it in your handwriting.

7. If requesting rental assistance, provide contact information for your landlord. Give your permission to your landlord authorizing them to communicate with House of Amos regarding your situation. Your landlord will not communicate

Requests are handled through email only. Complete all line items on the application and sign it in your handwriting. Email the completed form with all the required supporting documentation to: assistance@houseofamos.org

It is your responsibility to ensure you have responded to all line items on the application and you have attached ALL of the required documentation in one email. We will respond to your request only if it meets our guidelines for assistance and we have funds available. We are unable to process ineligible, incomplete applications or requests submitted without ALL of the required documentation. Read the application and the following Checklist thoroughly.

Assistance is limited to one time in a 12 month period. We do not make partial payments.

Checklist for Application:

- 1. Have you experienced a sudden and significant loss of income that affected your ability to pay your rent or utilities? If no, do not apply. If yes, provide documentation that shows you have experienced a sudden and significant loss of income.
- 2. Are you a parent with a child/children age 15 or younger living with you in the residence? If no, do not apply.
- 3. Do you owe more than \$1,000? If you owe more than \$1,000, do not apply.
- 4. Has House of Amos provided financial assistance to you in the past 12 months? If yes, you are not eligible for assistance again within 12 months. Maximum times for assistance is 3.
- 5. Did you write a response for every line item on the application? If there is no information to provide for a line item, write NA.
- 6. Did you include a copy of the lease agreement that shows the names of all residents, including children?
- 7. If applying for rental assistance, did you include a copy of the current rental account ledger? If you do not know what a rental account ledger is, contact your leasing office and ask them to print the rental account ledger that contains at least 6 months of activity (description of charges, payments and dates) up to and including the date of your request.
- 8. If applying for utility assistance, did you include a copy of the current utility bill?
- 9. Did you provide employment information and photo ID for all adults on the lease contract?
- 10. Did you include copies of your last 2 paycheck stubs, if employed?
- 11. Did you include documentation that shows a sudden and significant loss of income?

Email the completed, signed application and the required documentation to: assistance@houseofamos.org

We are unable to process incomplete applications or submissions with missing documentation