



## TENANT FINANCIAL HARDSHIP APPLICATION

NAME(s) on Lease: \_\_\_\_\_

PROPERTY : \_\_\_\_\_

PHONE NUMBER(s): \_\_\_\_\_

EMAIL ADDRESS(s): \_\_\_\_\_

### EMERGENCY CONTACT

NAME(s): \_\_\_\_\_

PHONE NUMBER(s) \_\_\_\_\_

### What are you applying for? (CHECK ONE)

1.  LOWER / REDUCED RENT PAYMENT
2.  NO RENT PAYMENT
3.  USE OF YOUR MOVE IN FUNDS (SECURITY OR LAST MONTH RENT) HELD BY OWNER TO PAY THIS MONTH of \_\_\_\_\_, YR \_\_\_\_\_
4.  YOUR RENT PAYMENT PLACED ON A PAYMENT PLAN. Please describe plan you desire.  
Amount \$ \_\_\_\_\_ per  Week  Bi-Monthly  Other \_\_\_\_\_

### Why are you requesting this Hardship? (Check One)

1.  Loss of Job: (permanently)
2.  Loss of Job: (temporary) Estimated Return Date: \_\_\_\_\_
3.  Reduced Wages: (still employed) Estimated return to Full Time status:  
Date: \_\_\_\_\_
4.  Health Issues: \_\_\_\_\_
5.  Other: \_\_\_\_\_

### Have you applied for COVID-19 Florida Unemployment?

1.  Yes  
If yes: Unemployment claim #: \_\_\_\_\_
2.  NO Will you be applying  Yes  No
3. Are you a small business owner  Yes  No

**Current or Previous Employer Information #1**

Supervisor Name: \_\_\_\_\_

-Contact Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Date of Employment Suspension or Termination: \_\_\_\_\_

Avg. Weekly Pay \$ Amount: \_\_\_\_\_

**Current or Previous Employer Information #2**

Supervisor Name: \_\_\_\_\_

-Contact Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Date of Employment Suspension or Termination: \_\_\_\_\_

Avg. Weekly Pay \$ Amount: \_\_\_\_\_

**OTHER INCOME**

List any other income you receive: Alimony, Disability, SSI, Child Support, Etc.

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Have you experienced a loss of income from any of these sources?

\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ N/A

**ARE YOU ABLE TO PAY PARTIAL RENT?**

\_\_\_\_ YES    \_\_\_\_ NO

**IN ORDER TO PROCESS YOUR APPLICATION COMPLETELY**

Please Submit Copies/ Screen shot file (acceptable)

- 1. Last 2 Paystubs (If unemployed, Submit the last 2 statements you received)
- 2. Evidence of Unemployment claim
- 3. Evidence of Other Income you receive
- 4. If you would like to include a personal letter with your comments, please also attach.

**RETURN THIS FORM AND ALL DOCUMENTS TO: GrandviewLocalPM@gmail.com**

999 Vanderbilt Beach Rd, Naples, FL 34108 239-244-2124