Emergency Rental & Utility Assistance Application

The City of Mesa Rental and Utility Assistance Program was established in response to COVID pandemic financial impact to Mesa Residents, funded through the U.S. Consolidated Appropriations Act of 2021. The program provides financial assistance to households financially impacted by COVID for rent and utility assistance to prevent eviction and homelessness. Please complete this application in full.

If you have questions, call 480-644-5440 for assistance. We will contact you within 14 business days.

Who Qualifies:
- City of Mesa Resident (cannot assist if you live on a County Island in Mesa)
- Financially impacted by COVID (loss of job, reduced hours, medical expenses, etc.)
- Household gross income is at or below 80% median as show below:

<table>
<thead>
<tr>
<th>Number of Household Members</th>
<th>Gross Income not to exceed (50% AMI)</th>
<th>Gross Income not to exceed (80% AMI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,270</td>
<td>$3,634</td>
</tr>
<tr>
<td>2</td>
<td>$2,596</td>
<td>$4,150</td>
</tr>
<tr>
<td>3</td>
<td>$2,921</td>
<td>$4,671</td>
</tr>
<tr>
<td>4</td>
<td>$3,242</td>
<td>$5,188</td>
</tr>
<tr>
<td>5</td>
<td>$3,505</td>
<td>$5,605</td>
</tr>
<tr>
<td>6</td>
<td>$3,763</td>
<td>$6,021</td>
</tr>
<tr>
<td>7</td>
<td>$3,021</td>
<td>$6,434</td>
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<tr>
<td>8</td>
<td>$4,280</td>
<td>$6,850</td>
</tr>
</tbody>
</table>

According to the Consolidated Appropriations Act of 2021, applications for rental/utility assistance must be given priority for households financially impacted by COVID whose household income falls within one of the following:

- any adult household member has been unemployed for the last 90 days or longer due to COVID
- the total household income is at or below 50% Area Median Income

These applications will be processed first. You will be contacted within 14 days of receipt of application and all required documentation. Duplicate applications may delay the review of your application.

Required documentation that will need to be submitted with the completed application:
**please gather your documentation before you start your application
- Picture ID for Applicant
- Proof of income for all household members (last 60-days)
  o Current and consecutive paystubs
  o Self-employment income – business ledger
  o Social Security or Disability – current benefit letter
  o Retirement/Pension Income – statement
  o Unemployment – award letter and printout of payment history
  o Child Support and Alimony current history print out
  o Cash Assistance – DES benefit letter
  o Other (home daycare, support from family/friends) – statement from the provider
- Current Lease Agreement (all pages)
- Addendum for any expired leases noting the month-to-month terms
- Current Utility Bill (City of Mesa utilities, SRP, and/or Southwest Gas)
NOTE:

- If you are unable to attach required documentation to your application, you may:
  
  Email: ERAPdocs@mesaaz.gov
  fax: 480-644-5559
  
  **please include the applicants full name on all pages you are sending

- Landlord must agree to accept payment on your behalf
- Assistance is based on availability of funding

**Application Instructions**

1. Fill out all sections of Application and, if applicable, the Zero Income form. The applicant must sign ALL forms. Any incomplete, unsigned or packets with missing documentation will require follow up to determine eligibility for the program.
2. Provide legible copies of all required documentation (see below).
3. Submit your application by one of the following:
   - Mail or drop off to
     - A New Leaf MesaCAN, 635 E Broadway Rd., Mesa, AZ 85204

After you submit your application and all required documentation it may take up to 14 business days to review your application. Applications will not be considered complete and will not be reviewed until all required documentation is submitted.
Eligibility & Household Information

What type of assistance are you applying for? (Please check one)

□ Utilities
□ Rent

Are you a resident of the City of Mesa? (Please check one)

□ Yes
□ No

Have you or a family member in your household been financially affected by COVID-19?

□ Yes
□ No

If yes, enter how you have been affected. Please give detailed information.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Are you currently experiencing any of the following as a result of COVID-19? (Check all that apply)

□ A loss of Income due to COVID-19  □ An unexpected or unplanned expense due to COVID-19
□ Reduced hours  □ Loss of job
□ Furlough/Laid off  □ Caring for family member due to COVID-19
□ Medical expenses related to COVID  □ Other

How many people currently live in your home? ________________________________

All people in your household, not just family

What was the combined gross (pre-tax) monthly income for all adults who are 18+ years (not in high school) living in the home PRIOR to loss of income due to COVID? ____________________

What is the combined gross (pre-tax) monthly income for all adults who are 18+ years (not in high school) living in the home in the last 30 days? ____________________
Applicant Information

Applicant Name:

________________________   __________   ___________________________
First Name    Middle Initial    Last Name

Date of Birth: ______________________  _  Phone Number _________________________

Applicant Email: ____________________

Applicant Address:

Street: _____________________________________________________  Unit: ________

City: ________________________________  State: _________________  Zip: _________

Circle one in each category:

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Hispanic:</th>
<th>Gender</th>
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</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>Yes</td>
<td>Male</td>
</tr>
<tr>
<td>American Indian</td>
<td>No</td>
<td>Female</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td>Other</td>
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<td>Black</td>
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<tr>
<td>Native Alaskan</td>
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<td>Pacific Islander</td>
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<td>Other</td>
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</tbody>
</table>

Preferred Language:

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
<th>Other</th>
<th>Disability:</th>
<th>Do you receive subsidized housing? (e.g., Section 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td>No</td>
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<td>List name:</td>
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** Note: If you receive rental assistance from Section 8 you will not be eligible for rental assistance.

Lease & Utility Information

<table>
<thead>
<tr>
<th>How much is your monthly rent? $__________</th>
<th>How many months are you behind?</th>
<th>Amount owed including fees? $__________</th>
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Have you received a 5-day notice and/or eviction notice?

Yes _____  No _____

Date of Notice

___________

Name of Landlord/Property Management:

Phone number: ()

Landlord/Property Management email: __________________________________________________________

Are utilities included in your rent? Yes    No

If yes, which are included? Water/sewer/trash    Gas    Electric

Do you pay directly to utility provider? Yes    No

If yes, please complete additional information for each utility provider and the number of months you are behind in paying each utility provider.
Gross Household Income Information

Gross household income for all members (except ages for persons under 18) will be considered in determining income eligibility for services. The gross amount of income (prior to deductions) received the past 30-days will be counted. Income includes but is not limited to, employment ages (18 years +), social security, social security disability, unemployment, child support. Examples of documentation include:

- Wages - paycheck stubs (last 60 days)
- Self-employment Income - business ledger
- Social security/disability - current benefit award letter
- Unemployment - award letter, printout of payments received
- Child support - written verification
- Babysitting/childcare income - signed and dated statement by the person paying for the care
- Housekeeper/home health aides - signed and dated statement by the employer
- Retirement/Pension Income - Statement
- Alimony - printout of benefit
- Cash Assistance - print out/written statement by DES
- Money provided to you by others such as family, friends, or other organizations

Households with no current income must complete a “zero” income form and submit one of the following: 1) written documentation from the income source of the last date employed and last date paid OR 2) Complete a zero-income form.
Household Information

Please list all household members’ names (including the applicant) and include all income sources, amounts and dates received for the previous 60 days. Please provide documentation for each household member and for each source of income.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Birth Date</th>
<th>Income Source</th>
<th>Frequency (wk, 2 wk, mo)</th>
<th>Gross Amt Rec’d</th>
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Does your household meet 50% AMI income guidelines for household size?

☐ Yes
☐ No

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Release of Information

AUTHORITY FOR RELEASE OF INFORMATION: By signing below, I agree to participate in the Emergency Services Network and utilize the City of Mesa/MesaCAN as my primary service agency. I authorize the City of Mesa/MesaCAN and/or delegate agencies to contact any source necessary to establish the accuracy of the information given by me and to release or receive information contained on this form and/or in my case file.

APPLICANTS STATEMENT OF TRUTH: Under Penalty of perjury and acknowledged by my signature below, I SWEAR or affirm that the statement made regarding the persons in my home, and the income, resources, property, and all other items that pertain to my possible eligibility for benefits are TRUE and CORRECT to the best of my knowledge.

Applicant Name: (Print) _______________________________________________________________
Date: ______________________________________________________________________________
Signature: __________________________________________________________________________

Service funded by City of Mesa as part of the U.S. Consolidated Appropriations ACT 2021
City of Mesa Emergency Rental and Utility Assistance Program – (480)-644-5440 OR ERAPinfo@mesaaz.gov

For accommodations, such as braille, large print, or translation, please contact City of Mesa at (480) 644-5440, or AzRelay 7-1-1 for those who are deaf or hard of hearing.

Si necesita información en español por favor de llamar al 480-644-5440.