

## CHN Housing Partners Application for Rental Assistance

### How does it work?

This lifeline, funded by the City of Cleveland and Cuyahoga County, is for residents who are facing financial hardships due to COVID-19 and need help paying rent. *Income restrictions apply.*

CHN is the entry point to access rental assistance, a broad array of housing, utility assistance, and referral resources, which you will be screened for. You will be under no obligation to participate in any programs we recommend.

Fill out the application in its entirety and send all documents requested for expedited processing. Please review this [Document Checklist](#) before you start to ensure you are prepared to submit a complete application when you begin.

Send documents to: Email: [info@neorenthelp.org](mailto:info@neorenthelp.org)

Mail/Drop off: CHN Housing Partners 2999 Payne Avenue Suite 134, Cleveland OH 44114

Fax: 216-912-0700

Still need help? Call our hotline at 833-377-RENT.

### Who qualifies?

Residents of the City of Cleveland and Cuyahoga County who are having difficulty making rental payments due to the economic impact of the pandemic and who meet income eligibility requirements. Priority is given based on criteria such as eviction status, accurate information and complete documentation. If you qualify for rental assistance, you may be required to attend more in-depth financial counseling, provided by CHN, as a condition for payment of the rental assistance.

**Note:** We can provide up to 3 months of rental assistance, paid directly to your landlord. If you need help after 3 months, we will connect you with our partner EDEN, Inc. who can provide longer term financial help.

### Application Guidelines

To apply for programs with CHN Housing Partners, you must complete an application with us along with providing documents to verify the information submitted. We have split this into the following sections:

### Fair Housing Act (42 USC 3600, et seq.)

If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our services, please talk to us about arranging alternative accommodations. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.)

Income Limits (vary by program)	80% Area Median Income		120% Area Median Income	
	Annual	Monthly	Annual	Monthly
House Hold Size				
1	\$42,600	\$3,550	\$63,900	\$5,330
2	\$48,650	\$4,054	\$72,980	\$6,080
3	\$54,750	\$4,563	\$82,130	\$6,840
4	\$60,800	\$5,067	\$91,200	\$7,600
5	\$65,700	\$5,475	\$98,550	\$8,210
6	\$70,550	\$5,879	\$105,830	\$8,820
7	\$75,400	\$6,283	\$113,100	\$9,430
8	\$80,300	\$6,692	\$120,450	\$10,040

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	<b>Social Security Number:</b>
<b>Address:</b>				<b>City, State, &amp; Zip Code:</b>	
<b>Home Phone:</b>		<b>Email:</b>		<b>Cell Phone:</b>	
<b>Demographics</b>					
<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>US Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Active Military? :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Prefer not to Answer			<b>Education Level:</b> <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Two Year College <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Four Year Degree <input type="checkbox"/> Graduate Degree		
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Race (select all that apply):</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other multiple race <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Chose not to respond <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian				
<b>Household</b>					
<b>Section 8?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homebuyer Type (select if applicable):</b> <input type="checkbox"/> First time Homebuyer <input type="checkbox"/> First generation Homebuyer			<b>Language Spoken in Home:</b>	
<b>Household Size</b>  _____  <b>Number of Dependents</b>  _____	<b>Name/s of other household members</b>	<b>DOB</b>	<b>Disabled Y/N</b>	<b>Relationship</b>	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
<b>Additional household members may be listed on back or on a separate sheet.</b> <b>Does anyone in your household need special accommodations with regards to counseling?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Household Type:</b> <input type="checkbox"/> Female-headed Single Parent Household <input type="checkbox"/> Male-headed Single Parent Household <input type="checkbox"/> Married with Children <input type="checkbox"/> Single Adult <input type="checkbox"/> Married without Children <input type="checkbox"/> Two or more Adults					
<b>Employment and Other Household Income Information</b>					
<b>Employment Status:</b> <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Stay at home Parent <input type="checkbox"/> Student <input type="checkbox"/> Temporary/Permanently Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		<b>Employment Income: Rate of Pay (\$/hr):</b> _____ <b>Average Hrs/wk:</b> _____ <b>How often do you get paid:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <b>Average Take-home Salary per Pay Period:</b> _____ <b>Social Security Retirement:</b> _____/Monthly <b>Private Pension:</b> _____/Monthly <b>Social Security Disability:</b> _____/Monthly <b>SNAP (Food Stamps):</b> _____/Monthly <b>Social Security Dependent:</b> _____/Monthly <b>Self-employment:</b> _____/Monthly <b>Child Support:</b> _____/Monthly <b>Other:</b> _____			

**EMPLOYMENT INFORMATION**

<b>PRIMARY EMPLOYER:</b>			<b>SECONDARY/CO-APPLICANT EMPLOYER:</b>		
<b>TITLE:</b>			<b>TITLE:</b>		
<b>Hire Date:</b>	<b>Years in Field:</b>	<b>Annual Salary:</b>	<b>Hire Date:</b>	<b>Years in Field:</b>	<b>Annual Salary:</b>
<b>How do you get paid:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit			<b>How do you get paid:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit		

**ASSETS**

**Do you have assets to report?**  Yes  No

Type	Value

**Landlord Questionnaire**

Landlord Name:

Landlord Phone Number:

Landlord Email Address:

**Hardship Explanation**

**The reason for my hardship is (select all that apply):**  
 Loss of income  Increase in expenses  Medical  Other

**If recently unemployed:** Were you  Terminated or  Laid off? // What was your last day of employment? \_\_\_\_/\_\_\_\_/\_\_\_\_

**What was your annual income?** **Job Title** **Industry**

**Is your hardship related to COVID-19 (Coronavirus)?**  Yes  No

**Did you or a member of your household receive Pandemic Unemployment Assistance (PUA) or Federal Pandemic Unemployment Compensation (FPUC)?**  Yes  No

**Did you or a member of your household receive a COVID SBA Loan?**  Yes  No

**If you answered yes to either question, do you have any funds left to use towards your rent payments?**  Yes  No

Please provide additional explanation here:

**Utility Information**

**Provide information about your utilities so we can screen for your eligibility here**

Utility	Electric	Gas	Water	Sewer
<b>Account #</b>				
<b>Name on Bill</b>				
<b>Account Balance</b>				
<b>Status (Current, Balance Due, Disconnection Notice, Disconnected)</b>				

## Privacy Policy

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NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

CHN Housing Partners CHN) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal consideration. Additionally, we want you to understand how we use the personal information we collect. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

### What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

### What personal information does CHN collect about you and from what sources?

- Information that you provide on applications, forms, emails, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

### What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages) Federal, State, and nonprofit partners for program review, monitoring auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that may personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law or when required by a governmental authority.

### How is your personal information secured?

We restrict access to your nonpublic personal information to CHN employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

### Opting out of certain disclosures

You may direct CHN to *not* disclose your nonpublic, personal information to third partners (other than disclosures made to project partners, those permitted by law or required by governmental authorities). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit CHN's ability to provide services such as foreclosure prevention counseling. If you choose to opt out, please call 216.881.8443 and advise that you wish to opt out of certain disclosures.

### RELEASE:

I/we certify that all provided information is correct to the best of my knowledge and have received a copy of CHN's Privacy Policy. I/we authorize CHN Housing Partners to verify all information contained on this online form and to pull my credit report. I/we understand that I may be assisted by federal funds which carry severe penalties, including incarceration.

I/we certify that I/we have been adversely impacted by the Coronavirus and I/we are seeking this assistance to address or mitigate an unmet need I/we certify that this assistance is meeting an unmet need that is not duplicated assistance from multiple sources for the same coronavirus response purpose, and the total assistance received for that purpose is not more than the total need.

I/we certify that this information is correct and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

By signing below, I hereby authorize CHN to release nonpublic personal information it obtains about me to any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices.

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Name 1 Signature

Date

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Name 2 Signature

Date