



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**



**ALL CHAP APPLICATIONS MUST BE SUBMITTED TO ONE OF THE FOLLOWING PROVIDERS TO BE REVIEWED FOR PROGRAM ELIGIBILITY:**

ORGANIZATION	PHONE	EMAIL
<b>Greater Washington Urban League (GWUL)</b>	(202) 524-8175	<a href="mailto:covidrent@gwul.org">covidrent@gwul.org</a>
<b>Housing Counseling Services (HCS)</b>	(202) 667- 7339	<a href="mailto:chap@housingetc.org">chap@housingetc.org</a>
<b>United Planning Organization (UPO):</b>	(202) 231-7910 or (202) 562-3800	<a href="mailto:housingservices@upo.org">housingservices@upo.org</a>

To complete your request for assistance you will need to

- 1) Complete this application form and**
- 2) Compile the following supporting documentation to accompany your application form**
  - Photo ID for all household members 18 above.
  - Proof of your COVID related emergency
    - e.g. termination of employment
  - Current Lease Agreement
  - Documentation of back rent owed from your landlord
    - e.g. a ledger showing rent missed by date and balance due, and payment deadline
  - Proof of income eligibility for all adults over 18+ for all wages earned in the last 60 days of the application date, such as:
    - Checking and savings account statements;
    - Unemployment or emergency benefits
    - Transaction histories from CashApp, Venmo, PayPal etc.
    - If a resident is 18 years or older and a full-time student, proof of current enrollment will be needed, and special rules will apply for their income calculation
- 3) Submit all of these documents to your chosen provider and schedule an appointment with one of their counselors to review your application.**



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**APPLICATION FOR COVID-19  
HOUSING RENTAL ASSISTANCE**

Date: \_\_\_\_\_

Case # \_\_\_\_\_

Please answer all the question on this form completely. If the question does not apply in your situation, enter None. This form must be printed clearly. Do not write in the shaded areas of this form.

**APPLICANT INFORMATION**

1. Name: \_\_\_\_\_  

Last
First
Middle
Maiden

2. Present Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

3. Telephone No: Home \_\_\_\_\_ Cell \_\_\_\_\_

4. Email: \_\_\_\_\_

5. What is the Bedroom Size for your dwelling? \_\_\_\_\_

6. Provide the following information for yourself and all family members, including family member who are temporarily away. List unrelated persons who live with you in question 7.

Name	Date Of Birth	Relationship	Is this person disabled? v	Employer	Gross Monthly Income From Job
		SELF			\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<b>Total</b>					\$

Note: Attach separate sheet of paper for additional names.

7. Do any unrelated persons live with you? Yes \_\_\_ No \_\_\_ If yes, list them and record the amount they pay for rent or meals.

Name	Amount Paid Per Month For Room Rent	Amount Paid Per Month For Meals
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL</b>	\$	\$

**ASSISTANCE INFORMATION**

8. Explain briefly how you have been impacted by COVID-19 and why you are requesting rental assistance:

\_\_\_\_\_

\_\_\_\_\_

9. Please list any COVID related expenses you have incurred:

10. Have you received Emergency Rental Assistance in the past 12 months under this or another name?

\_\_\_\_\_ If you have used another name, what was it? \_\_\_\_\_

11. Please list the months and amount that of back rent that you need.

Month(s): \_\_\_\_\_ Amount \_\_\_\_\_

12. Please enter the name, address and phone number of company/agency that need payment

_____	_____
Company Name	Company Address
_____	_____
Company Telephone #	Company Email

**INCOME INFORMATION**

13. Your employer's address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

14. Did you lost income since March 13th, 2020? If yes, are you eligible for unemployment?

15. Have you voluntarily left a job or refused to accept employment or training within the past 3 months? \_\_\_\_\_  
If yes, why? \_\_\_\_\_

15. May we contact your employers to verify your employment information? \_\_\_\_\_  
If not, why not? \_\_\_\_\_

16. Do you or any of the members of your family listed in No. 5 receive income from the following sources?  
If yes, give total monthly amount for the entire family.

Kind of Income	Yes	No	Monthly Amount
TANF/GC			\$
IDA			\$
SSI			\$
Social Security			\$
Veterans Benefits			\$
Unemployment Insurance			\$
Workmen's Compensation			\$
Adoption Subsidy			\$
Disability Benefits			\$
Railroad Retirement			\$

Kind of Income	Yes	No	Monthly Amount
Government Pension			\$
Private Pension			\$
Strike Benefits			\$
Child Support/Alimony			\$
Military Allotment			\$
Loans, Cash Gifts			\$
Contributions from Others			\$
Insurance Benefits			\$
Other, including lottery winnings			\$
<b>TOTAL</b>			\$

**INCOME INFORMATION**

17. Does your household receive Food Stamps? \_\_\_\_\_ If yes, give monthly Amount \$ \_\_\_\_\_
18. Have you received any one-time assistance payments during the last 90 days? Yes \_\_\_ No \_\_\_ If yes, list the amount of any money remaining. \$ \_\_\_\_\_
19. Has your income changed in last 30 days? Yes \_\_\_ No \_\_\_ If yes, how? \_\_\_\_\_  
\_\_\_\_\_
20. Have you described all of your household's monthly income in the questions above? \_\_\_\_\_  
If no, from what other sources do you receive income? \_\_\_\_\_  
\_\_\_\_\_
21. What monthly amount do you receive from these sources? \$ \_\_\_\_\_

**RESOURCES INFORMATION**

22. Do you or any of the members of your household listed in number 5 have any other resources? \_\_\_\_\_  
If yes, describe below. Give total amount for the entire household.

Kind of Resource	Amount	Location/Description	Account or Policy #
Savings Account (s)/Escrow Account	\$		
Credit Union/Checking Account	\$		
IRA/Pension Distributions	\$		
Stocks/Bonds/Certificates of Deposit	\$		
Insurance Policies (Cash-in Value)	\$		
Property Other Than Owner-Occupied Home	\$		
Boat, Camper, Recreational Vehicle	\$		
Other	\$		
<b>TOTAL</b>	\$		

23. Have you converted a resource to cash in the last 30 days? Yes \_\_\_ No \_\_\_ If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
24. Have you sold, transferred or traded any resource in the past 12 months? Yes \_\_\_ No \_\_\_ If yes, please list the resource, its value, and explain. \_\_\_\_\_

**SIGNATURES**

Under penalty of perjury I declare that all statements on this application are true. I agree to cooperate with the Department of Housing & Community Development (DHCD) and present all verifying documents requested or to authorize the Department to obtain them. I hereby authorize DHCD to interview all other adult members of my household with regard to this application. I further authorize DHCD to contact any third party as necessary with regard to this application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/co-applicant \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

If the applicant was assisted in completing this application, the assisting person must sign below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Worker's Signature as to date of Completed Application

Signature of Worker: \_\_\_\_\_ Date: \_\_\_\_\_