

COVID-19 Rental Assistance Application revised 5/1/2020
Questions? Call Resident Services at 206-556-3335



Name	Building and Unit #	Date
Signature	Phone	Email

I certify under penalties of perjury that the below information is true and complete to the best of my knowledge. I understand that false or incomplete information will make me ineligible for program funds. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income.

APPLICATION INSTRUCTIONS

The application must be **complete with all verifications attached** to be considered for rental assistance.

Required verifications are:

- ONE type of verification listed in Question 3, if available
- Separation of Employment Affidavit (required for all applications)
- Proof of reduced income, **only** if hours have reduced
- Proof of unemployment, paid time off, sick time, FMLA, FFCRA, or EFMLEA benefits, **only** if available

Submit completed application in ONE of the following ways:

- Email your Site Manager or Resident Service Coordinator at residentservices@capitolhillhousing.org
- Drop off at your Site Manager’s office OR 12th Avenue Arts Building, 1620 12th avenue, Suite 205, Seattle, WA 98122 during altered office hours on weekdays from 8AM-7PM
- Mail to: 12th Avenue Arts Building, 1620 12th avenue, Suite 205, Seattle, WA 98122

1. PLEASE CHECK THE APPLICABLE BOX Applicants must have been employed or previously employed in the following professions to qualify for the program:

- Service or hospitality industry with a cut in hours **or** was temporarily **or** permanently laid off
- Self-employed **or** contract worker
- Gig worker and unable to work (Lyft, Uber, Rover, other app-based employment)
- Arts and music and unable to work
- Parent or guardian of a student **or** School employee and lost work due to school closures
- Unable to work and do not have access paid time off (PTO), Sick Leave, FMLA, FFCRA, or EFMLEA
- Other profession, please explain:

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2. Please complete the following section by checking Yes or No:

- Do you or anyone in your household have access to Unemployment, paid time off, sick time, FMLA, FFCRA, or EFMLEA? Yes No
- Is a member of the household still working? Yes No
- Did you or anyone in your household receive a Federal Stimulus Check? Yes No
- Would you like to share your story of how COVID-19 has impacted your household to support our fundraising efforts for the COVID-19 Resilience Fund? Yes No

3. Provide one form of verification below, if available. Applicants may provide verification in the form of an email, letter on company letterhead, or screenshot. Check applicable box:

Are you able to provide any of the verifications below? Yes No

If **no**, complete the Separation of Employment Affidavit to meet verification requirement

- Termination letter or notice of dismissal from employment (aka "pink slip")
- Notification of closure FROM your employer
- Communication TO employer an households' inability to work during Seattle Public Schools closure
- Notification of furlough FROM employer
- Notification of PTO and/or Sick Time is inaccessible for the duration of residents' inability to work or unemployment benefits
- Any other verification of financial and economic impact of COVID-19 on a household or household member. If other, please explain

4. Applicants MUST provide Separation of Employment Affidavit (required for all applicants):

I have completed the Separation of Employment Affidavit and it is included in this application

5. If your income has been reduced as a result of COVID-19, Applicants MUST provide proof of reduced income:

Previous paychecks or summary of income from February 2020 or earlier and from March 2020 or later.

For Internal Use Only:

Signature

Date

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PROGRAM OVERVIEW AND ELIGIBILITY

Capitol Hill Housing's Rental Assistance Program-COVID19 has rental assistance available for households that have been financially impacted by COVID-19. Funds will be awarded based on eligibility, approval, and availability of funds on a first come, first serve basis. Residents will be notified via email and/or phone from their Site Managers.

1. Households must be in good standing with CHH which is defined as the following:
 - a. No previous delinquency unless on an existing payment plan or stipulated payment plan and current on all payments.
 - b. All households must be up-to-date on their payments prior to April 1st, 2020.
 - c. Not in the process of being evicted or in evictions for behavioral, health or safety issues.
 - d. Applicants are not in the process of a mutual termination agreement or eviction for non-payment of rent before March 14th, 2020
 - e. Must be up-to-date on all compliance requirements including certifications and recertifications. If a resident is not up-to-date on certifications, they still can access the program AFTER the required information has been submitted.
 - f. If one member of the household was financially impacted by COVID19, but ANY member of the household is subject to any of the benefits below, the award will be determined on a case-by-case basis.
 - i. Obtaining unemployment benefits
 - ii. If a member of a household is still employed, receives the Federal Stimulus Package assistance, or another form of assistance
 - iii. If the paid time off, sick time, FMLA, FFCRA, or EFMLEA
 - g. Once approved for assistance, the resident must pay their rent share BEFORE the award is applied to their household. If the resident cannot pay their rent share, CHH can execute a payment plan for the tenant share. If a resident does not execute a payment plan for their rent share, they will not qualify for the program. If resident default on the payment plan, once the eviction moratorium is lifted, they will be subject to a 14-day notice, the eviction and the collection process, per standard operating procedures.
 - h. Since the program is available on a first come, first serve basis, any households that cannot be served will be placed on a payment plan for the full rent amount. If a household was not able to obtain rental assistance, but qualified, they must proactively request that their application be renewed each month they are requesting assistance. As part of the renewed application, they must report any changes in employment and assistance or fill out the Affidavit of No Change certifying their financial situation on the initial application submitted has not changed. Their application will then be prioritized to receive rental assistance on a first come, first serve basis again.

Criteria for eligibility may change without notice

Capitol Hill Housing
1620 12th Avenue, Suite 205, Seattle WA 98122
Rental Assistance Program-COVID19 ("the program") - updated 4/2/2020

AFFIDAVIT OF EMPLOYMENT SEPARATION

Applicant Name: _____ Address: _____

Please read carefully and complete all statements below.

1) PLEASE CHECK ALL THAT APPLY:

____ I am no longer employed at the following employer named below.

____ OTHER: _____

A) Former Employer Name and Address:

2) PLEASE CHECK THE APPLICABLE BOX: Applicants must have been employed or previously employed in the following professions to qualify for the program:

- Service industry and had a cut in hours or was temporarily laid off (restaurant, bars, convention center, stadiums, gym, nail salon, etc)
- Self-employed
- Gig worker and unable to work (Lyft, Uber, Rover, other app-based employment)
- Arts and music and unable to work
- Seattle Public Schools/colleges/private schools contract worker and unpaid during school closures, BUT receive seasonal unemployment
- Parent or guardian of a Seattle Public School student and lost work to care for my children
- Unable to work and do not have access Paid Time Off, Sick Time, Family Medical Leave Act (FMLA), Families First Coronavirus Response Act (FFCRA), or Emergency Family and Medical Leave Act (EFMLEA)
- Construction Workers BUT receive seasonal unemployment

If other profession, please explain:

B) Employment Start Date: _____ **Employment End Date:** _____

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C) PLEASE CHECK THE APPLICABLE BOX:

My employment with this employer has ended, and

- I am **NOT** eligible to apply for or have exhausted my unemployment benefits, Paid Time Off, Sick Time, Family Medical Leave Act (FMLA), Families First Coronavirus Response Act (FFCRA), or Emergency Family and Medical Leave Act (EFMLEA), and/or any other type of compensation or monetary conditions based on this employment history.
- I am ineligible to receive any federal, city or state financial assistance based on this employment history.
- I am receiving or eligible to receive unemployment benefits, Paid Time Off, Sick Time, Family Medical Leave Act (FMLA), Families First Coronavirus Response Act (FFCRA), or Emergency Family and Medical Leave Act (EFMLEA), and/or other compensation based on employment history. I understand that the collection of unemployment benefits is subject to verification in conjunction with my application.
- I am earning income from another employer. (If you are earning income from another employer, your eligibility for the program will be determined.)

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the processing of this application and future benefit.

Signature

Date