



EMERGENCY HOUSING ASSISTANCE PROGRAMS
**PRE- SCREENING APPLICATION
(LANDLORD APPLICATION)**

PLEASE SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD

(Completed forms may be sent by fax to 214-819-6085 or through secured email link provided by Caseworker)

SECTION I: LANDLORD INFORMATION

A. Name: _____
(Last Name*) (Middle Initial) (First Name*)

B. Landlord Taxpayer Identification Number (TIN) (9-digit SSN or EIN)*: _____

C. Contact Information: Phone*: _____ Email: _____

D. Street Address*: _____ Apt #: _____
City*: _____ State*: _____ Zip code*: _____ County: _____

E. Rental Property Name: _____

F. Rental Property Address*: _____
City*: _____ State*: _____ Zip code*: _____ County*: _____

SECTION II: TENANT INFORMATION

A. Name: _____
(Last Name*) (Middle Initial) (First Name*)

B. Contact Information: Phone*: _____ Email: _____

C. Date of Birth*: _____

D. U.S. Government Issued Identification Number (DL, ID, Passport)*: _____

SECTION III: CURRENT ASSISTANCE THROUGH OTHER ENTITIES

A. Currently receiving assistance or living in any of the following (✓): YES NO
(if yes, please select what kind of assistance you are receiving)

Public Housing
Housing Choice Voucher (Section 8)
Project Based Voucher Program Participants
Other Entities/Programs (Name of Assistance Provider): _____

SECTION IV: CURRENT HOUSING INFORMATION

A. Type of Housing: Rental Mortgage

B. Street Address: _____ Apt #: _____

City: _____ State: _____ Zip code: _____ County: _____
(Proof of residency - Photo ID will be required at Intake)

SECTION V: HOUSEHOLD INCOME INFORMATION

A. Total household members including applicant: _____

B. Monthly household income prior to economic impact due to COVID-19:

- Work: Monthly Amount
- SSI: Monthly Amount
- Unemployment: Monthly Amount
- Pension: Monthly Amount
- Social Security: Monthly Amount
- Other: Monthly Amount

C. Total annual income from all family members: _____

SECTION VI: ECONOMIC IMPACT BY COVID-19

A. Household income impacted due to COVID-19 (Impact must be on April 1st 2020 or thereafter):	YES	NO
If yes, impact due to: (✓) Job Loss Reducation in income		

B. Job loss or reduction in income caused non-payment of rental or mortgage payment	YES	NO
---	-----	----

If yes, date of impact: _____
(Proof of impact will be required at Intake)

SECTION VI: ECONOMIC IMPACT BY COVID-19

Attestation: I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete may be grounds for denial and/or penalties as specified by law.

I further attest that I have obtained authorization from the named tenant to make this application on their behalf.
I acknowledge that any payments received by me and made under this program, shall be used to satisfy the named tenant's obligations.

Please sign by typing your name in the signature box below:

Signature

Date