

## Rental Assistance Application Procedure (Applicant)

- Obtain the application
- Complete the application in its entirety
- Gather all the required documentation listed on the front page (TOP)
- Have your Landlord complete the last page of the application (LANDLORD STATEMENT) and return the form to you
- Call the office to make your in-person appointment.

## HOMELESS PREVENTION ASSISTANCE CHECKLIST

- Verification of Assets (last 2 months of Checking & Savings Accounts)
- Photo I.D (all adults on lease)
- Income Verification (last 3 months Check Stubs, Award Letter, Child Support)
- Current Lease ~ Acceptance Letter ~ Mortgage Statement
- Late Notice ~ Eviction Notice
- Verification letter from Shelter (if applicable)
- Proof of Address (current utility bill or piece of mail)
- Remaining Balance in form of Money Order or Certified Check written out to Landlord/Mortgage Company (Proof of pledges, or rental receipts if applicable)
- Identification for children (Birth Certificate or Social Security card)

**DO NOT WRITE BELOW THIS LINE! FOR OFFICE USE ONLY!**

- 80% Median Income
- 50% Median Income
- 30% Median Income
- Necessary to avoid eviction/foreclosure
- Can make regular payment by next due date
- Exhausted other means of obtaining assistance
- Will solve total delinquency (Applicant has remaining balance)
- Check payable to client and Mortgage co. or Landlord
- Priority client (Veterans, Homeless): \_\_\_\_\_
- Applied for assistance with another agency
- Delinquent Rent: Security Deposit: Mortgage Relief



**LAKE COUNTY  
COMMUNITY ECONOMIC DEVELOPMENT DEPARTMENT**

2293 N. Main Street • Crown Point, In 46307  
Tel. (219) 755-3225 • Fax (219) 736-5925  
www.lakecountyin.org

Executive Director  
Timothy A. Brown

**Homeless Prevention Program**

On behalf of Lake County Community Economic Development Dept., thank you for entrusting us to assist you at this time.

You have completed the application and presumably have turned in ALL the necessary documents needed to process your application. If ALL required documents (including the attached Landlord Statement) are not submitted at the specified time, your application will NOT be processed. Please note that we are taking into consideration all evictions, late notice, move in dates and deadlines.

Assist LCCEDD in helping you by having ALL required documents upon the submission of your application. Once you have done so, the determination of eligibility of your case will begin. With the assistance of this program your balance must be at zero (\$0.00), meaning no delinquency is owed after LCCEDD payment is rendered. Applicant's balance must be submitted to LCCEDD only in the forms of cashier's check or money order. The payment must be made out to the Landlord/ Property Management or Mortgage Company, along with documented proof of pledges. Plan to have this done ASAP.

- **If denied written notification will be sent to applicant.**
- **Approval letter and/or correspondence will be given to applicant.**
- **Checks will be mailed to Landlord/Property Management, Mortgage company. Payments are mailed to the address provided on the Landlord Statement.**
- **Assistance is only available one time per household every five years.**

**I understand and agree to these terms. I also understand that failure to adhere to this Notice can/will result in my application denial.**

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**Signature of Applicant / Printed Name/ Date**

*Tameka Polk*  
*Deputy Director*  
219-755-3230  
polktx@lakecountyin.org

LAKE COUNTY COMMUNITY ECONOMIC DEVELOPMENT DEPARTMENT

Homeless Prevention Program Intake Information

Date of Application: \_\_\_\_\_ Intake Personnel: \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Race: \_\_\_\_\_

Ethnicity:  Hispanic  Not Hispanic Child(ren) age(s): \_\_\_\_\_

Marital Status:  Married  Single  Separated  Widowed  Divorced  Living Together

Address: \_\_\_\_\_  
Street Unit # City State Zip

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Are you disabled?  YES  NO Are you 62 or older?  YES  NO

Are you living in Section 8 housing or subsidized housing?  YES  NO

Are you living in a trailer and/or trailer park? YES  NO

Type of assistance?  Mortgage  Delinquent Rent  Security Deposit

Were you effected by COVID-19?  YES  NO

Total amount Delinquent (if applicable): \$ \_\_\_\_\_.

Are you currently employed?  YES  NO

If no, last date of employment? \_\_\_\_\_

Have you ever requested assistance from our department?  YES  NO

Have you ever received funding from our department?  YES  NO

If so, when? \_\_\_\_\_ What type?  HOME  CDBG  ESG  NSP

After our assistance will you be able to maintain the rental obligations in a matter to prevent future evictions and/or late notices?  YES  NO  NOT SURE

How long at this address? Years \_\_\_\_\_ Months \_\_\_\_\_ Rent/Mortgage Payment \$ \_\_\_\_\_

Name of Landlord or Mortgage Company: \_\_\_\_\_

If this is for security deposit what is your *Projected Move-In Date?* \_\_\_\_\_

**\*FOR MORTGAGE CLIENTS\***

Type of Mortgage:  FHA-Insured  VA Guaranteed  Conventional  HUD-Held

Loan # \_\_\_\_\_ Original Loan Amount \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Term: \_\_\_\_\_ Appraised Value \$ \_\_\_\_\_

**Description of cause of problem; (Why do you need assistance?):**

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**Plan of action; (How are you going to remain on track for next month?):**

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**Clients Signature:** \_\_\_\_\_

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

**\*Incomplete applications will not be processed, please make sure to submit all information requested. \***

# Income Verification Chart

Please list **ALL** sources of income (including employment, social security, pensions, child support, etc.)

Source of Income	Monthly Amount	Start/End Date

Employment Pay schedule

Pay Rate: \$\_\_\_\_\_ p/hr. Weekly  Bi-Weekly

**LIST NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_**

**Name:**

**Age:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# PROOF OF PLEDGES/REMAINING BALANCE

Client's Name: \_\_\_\_\_

\* List the contact information of any persons or entities assisting with your balance. (i.e. family, friends, Township, Catholic Charities) \*

Name of Agency	Contact Person	Pledge Amount	Phone #
<i>EXAMPLE: Salvation Army</i>	<i>Jane Doe</i>	<i>\$750.00</i>	<i>555-0102</i>

**HOUSEHOLD EXPENSES**

**PER MONTH**

**PER MONTH**

Rent/Mortgage: \_\_\_\_\_

Food: \_\_\_\_\_

Utilities: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other: \_\_\_\_\_

Telephone: \_\_\_\_\_

**GRAND TOTALS \$ \_\_\_\_\_**

**\*FOR MORTGAGE CLIENTS BELOW\***

**List of your debts below, including doctor bills, charge accounts, utility bills, car payments, appliances, second mortgages, and liens against the property:**

To Whom Owed	Monthly Payment	Past Due Amount



**\*Only complete form if you have NO INCOME coming into the home\***

## LAKE COUNTY HOMELESS PREVENTION PROGRAM

### Zero Income Affidavit

I, \_\_\_\_\_ have applied for the rental assistance program through the Lake County Homeless Prevention Program. Program regulations require verification of all income from participating households of each household member over the age of 18 without any income.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses.
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay
- Public Assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

**I have stated during this verification process that I have no income at this time. I have not received income since \_\_\_\_\_ (date). I do not expect to receive any income until \_\_\_\_\_. I applied for (other financial assistance) on \_\_\_\_\_ (date).**

**I understand that any misrepresentation of information or failure to disclose information requested on this form will disqualify me from participating in the Homeless Prevention Program and will be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. & 3801-3812.**

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing within ten (10) business days of such change.

Signature: \_\_\_\_\_

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

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

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

# VERIFICATION OF: Employment

\*Please complete only the highlighted portion on this form

Lake County Community Economic  
Development Department  
2293 North Main Street 310A  
Crown Point, Indiana 46307  
Attn: Tameka Polk

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME/CDBG program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information is appreciated.

## Name of Employer/Business

Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \_\_\_\_\_ Effective date of last increase: \_\_\_\_\_

Base pay rate:  
\$ \_\_\_\_\_/hour; or \$ \_\_\_\_\_/week; or \$ \_\_\_\_\_/month

Average hours/week at base pay rate: \_\_\_\_\_ hours

No. Weeks \_\_\_\_\_, or No. Weeks \_\_\_\_\_ worked per yr.

Overtime pay rate: \$ \_\_\_\_\_/hour

Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Paid vacation? \_\_\_\_\_ No. of days/yr. \_\_\_\_\_

Total base pay earnings for past 12 mos. \$ \_\_\_\_\_

Total overtime earnings for past 12 mos. \$ \_\_\_\_\_

Probability & expected date of any pay increase: \_\_\_\_\_

Does the employee have access to a retirement account?

Yes  No

If Yes, what amount can they get access to \$ \_\_\_\_\_

\*\*\*\*\*

## Name of Employer/Business

**RELEASE:** I hereby authorize the release of the requested information.

Signature of Applicant \_\_\_\_\_

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

or

A copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached. See HUD website

Signature \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

\*\*\*\*\*

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

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The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.



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## LANDLORD STATEMENT

DATE: \_\_\_\_\_

TENANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_

MONTHLY RENT: \_\_\_\_\_

TOTAL AMOUNT OWED S: \_\_\_\_\_  DELINQUENT RENT  SECURITY DEPOSIT

LANDLORD PRINTED NAME: \_\_\_\_\_

LANDLORD PHYSICAL ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LANDLORD'S TELEPHONE: \_\_\_\_\_

*BY SIGNING THIS STATEMENT, I CERTIFY THAT I AM THE LEGAL LANDLORD OF THE ABOVE PROPERTY AND THAT THE NAMED CLIENT IS THE CURRENT LEGAL TENANT. I ALSO CERTIFY THAT THE AMOUNT STATED IS ACCURATE AS OF THE DATE BELOW.*

LANDLORD'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LANDLORD'S PRINTED NAME: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN \_\_\_\_\_ COUNTY,  
INDIANA THIS \_\_\_\_ DAY OF 20 \_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

**\*\* OTHER THAN A BUSINESS (i.e. apartment complex, mortgage company, property office, etc.) STATEMENT MUST BE NOTARIZED. \*\***