



City Council

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JUNE 5, 2020

* TEMPORARY RENTAL PAYMENT ASSISTANCE PROGRAM *

(Clarkston, GA)— At the June 2, 2020, City Council meeting the Clarkston City Council adopted a Resolution to allocate up to \$100,000.00 from its Affordable Housing Trust Fund to provide for temporary RENT PAYMENT ASSISTANCE to Clarkston residents impacted by the COVID-19 economic crisis.

- 1. COMPLETE & PROVIDE ALL INFORMATION REQUESTED BELOW.
2. MUST BE A RESIDENT WITHIN THE CORPORATE LIMITS OF THE CITY OF CLARKSTON.
3. MUST HAVE & PROVIDE AN EXISTING, ONGOING LEASE. PROVIDE A VALID GOV'T ISSUED ID.
4. MUST LIST ALL RESIDENTS LIVING IN UNIT, INCLUDING ALL DEPENDENTS.
5. MUST PROVIDE PROOF OF LOSS OF INCOME SINCE MARCH 2020 DUE TO THE COVID-19 ECONOMIC CRISIS.
6. MAXIMUM BENEFIT TO A SINGLE BENEFICIARY UP TO 50% OF MONTHLY RENT (AS LISTED IN A LEASE), FOR NO MORE THAN 3 MONTHS PER YEAR.

APPLICANT NAME: FIRST MIDDLE LAST

DATE OF BIRTH: (MONTH) (DAY) (YEAR)

ADDRESS: STREET NUMBER STREET NAME UNIT/APARTMENT NUMBER

PHONE NUMBER: EMAIL ADDRESS:

COMPLEX-PROPERTY OWNER NAME:

COMPLEX-PROPERTY LOCAL ADDRESS: STREET NUMBER STREET NAME CITY ZIP CODE

COMPLEX-PROPERTY PHONE NUMBER:

TOTAL NUMBER OF PEOPLE (INCLUDING APPLICANT) LIVING IN APARTMENT/UNIT: _____

Number of Adults (including applicant), 18 years of age and older: _____

Number of Children, 17 years of age and younger: _____

LIST ALL PEOPLE LIVING IN APARTMENT/UNIT – PLEASE CIRCLE IF DEPENDENT (ATTACH ADDITIONAL SHEET IF NEEDED)

- | | | | |
|----|------------|-----------|-----------|
| 1. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 2. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 3. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 4. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 5. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |
| 6. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |

MONTHLY RENT: _____

AMOUNT APPLICANT IS ABLE TO PAY: _____

LEASE/RENTAL AGREEMENT START & END DATES: _____

DESCRIPTION OF ECONOMIC HARDSHIP: _____

EVIDENCE OF ECONOMIC HARDSHIP, APPLICANT MUST PROVIDE: 1. Gov't Issued Identification 2. Document from most recent employer showing furlough, termination, job loss, position eliminated, copy of accepted unemployment filing; 3. Any other document showing economic hardship including, but not limited to, pay stub, income verification, and/or bank statement; 4. Written confirmation from Complex-Property Owner of unpaid rent.

I affirm/certify that all the above and submitted information and documentation is true, accurate, and complete. I authorize the City of Clarkston to contact current and former employers, complex-property owner or other to confirm information/documents provided. Completing and submitting this application is not a guarantee that I will receive the rent payment assistance.

APPLICANT SIGNATURE & DATE

CITY REPRESENTATIVE & DATE