

TOTAL NUMBER OF PEOPLE (INCLUDING APPLICANT) LIVING IN RESIDENCE: _____

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 RESIDENCE – 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

MUST PROVIDE A COPY OF YOUR UTILITY BILL

TOTAL COST OF UTILITIES IN THIS REQUEST: _____

Gas _____ Water _____ Sewer _____ Electricity _____

Amount Applicant is able to pay _____

50% paid by City: _____

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.

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