

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 | |
| 6. | _____ | _____ | DEPENDENT |
| | FIRST NAME | LAST NAME | |

MONTHLY MORTGAGE: _____ **AMOUNT APPLICANT IS ABLE TO PAY:** _____
(PRINCIPAL & INTEREST ONLY, EXCLUDING ESCROW)

MORTGAGE 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.

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. All mortgage payment assistance will be made to the mortgage/bank/lender company.

APPLICANT SIGNATURE & DATE

CITY REPRESENTATIVE & DATE