

City Council

Beverly H. Burks, Mayor
Awet Eyasu, Vice-Mayor
Jamie Carroll Debra Johnson
Laura Hopkins Y'Terenickia Bell

Susan Hood

Shawanna Qawiy, City Manager, City of Clarkston

404-296-6489; sqawiy@cityofclarkston.com

* TEMPORARY RENTAL PAYMENT ASSISTANCE PROGRAM *

(Clarkston, GA)— The Clarkston City Council has allocated up to \$350,000.00 from its share of the Federal AMERICAN RESCUE PLAN ACT (ARPA) to provide for a temporary RENT PAYMENT ASSISTANCE grant program to Clarkston residents impacted by the COVID-19 economic crisis. Due to the virus' continued impact resulting in job loss and related financial hardships including the inability to make rent payments, the following process is offered to individuals and families to apply for temporary rent payment assistance:

- 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 BEGINNING MARCH 2020 OR AFTER DUE TO THE COVID-19 ECONOMIC CRISIS.
- 6. MAXIMUM BENEFIT TO A SINGLE BENEFICIARY: \$3,000.00 or 3 MONTH'S RENT.

APPLICANT					
NAME:					
	FIRST	MIDDLE	LAST		
DATE OF					
BIRTH: (MONTH)		(DAY)	(YEAR)		
ADDRESS:					
STREET NU	JMBER	STREET NAME	UNIT/APARTMENT NUMB	UNIT/APARTMENT NUMBER	
PHONE NUMBER:		EMAIL ADDRESS:			
COMPLEX-PROPERTY	OWNER NAM	E:			
COMPLEX-PROPERTY					
LOCAL ADDRESS:					
Sī	REET NUMBER	STREET NAME	CITY	ZIP CODE	
COMPLEX-PROPERTY	PHONE NUME	BER:			

QUESTIONS: 404-296-6489 or sqawiy@cityofclarkston.com

ТОТА	L NUMBER OF PEOPLE (INCLUDING APPLIC Number of Adults (including applicant), Number of Children, 17 years of age and	18 years of age and older:	
LIST A	LL PEOPLE LIVING IN APARTMENT/UNIT -	- PLEASE CIRCLE IF DEPENDENT (ATTACH ADDITION	IAL SHEET IF NEEDED)
1.	FIRST NAME	LAST NAME	DEPENDENT
2.	FIRST NAME	LAST NAME	DEPENDENT
3.	FIRST NAME	LAST NAME	DEPENDENT
4.	FIRST NAME	LAST NAME	DEPENDENT
5.	FIRST NAME	LAST NAME	DEPENDENT
6.	FIRST NAME	LAST NAME	DEPENDENT
MON ⁻	ΓHLY RENT:	AMOUNT APPLICANT IS ABLE TO PAY:	
		ES:	
Docur accep limite Prope I affiri comp or oth guara	ment from most recent employer showing ted unemployment filing, or; 3. Any other d to pay stub, income verification, and/or orty Owner of unpaid rent. m/certify that all the above and submitted lete. I authorize the City of Clarkston to cover to confirm information/documents pro	IT TO PROVIDE: 1. Gov't Issued Identification of furlough, termination, job loss, position elign document showing economic hardship inclured bank statement, or; 4. Written confirmation information and documentation is true, accumentation and former employers, compleinted. Completing and submitting this applications are saistance. All rent payment assistance will be	minated, copy of uding, but not n from Complex-rate, and x-property owner ation is not a

CITY REPRESENTATIVE & DATE

APPLICANT SIGNATURE & DATE

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