

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 TO PROVIDE: 1. Gov't Issued Identification, and; 2. Document from most recent employer showing furlough, termination, job loss, position eliminated, copy of accepted unemployment filing, or; 3. Any other document showing economic hardship including, but not limited to pay stub, income verification, and/or bank statement, or; 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. All rent payment assistance will be made to the complex and/or property owner.

APPLICANT SIGNATURE & DATE

CITY REPRESENTATIVE & DATE