|  |  |  |  |
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| Care Coordinator Info: | | | |
| Care Coordinator Name: |  | Care Coordinator phone: |  |
| Care Coordinator Email: |  | | |

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| Applicant Info: | | | | | |
| Name |  | | Phone |  | |
| Email: |  | | | | |
| Full Address: |  | | | | |
| Mailing Address if different: |  | | | | |
| Total number of adults in household (18+) |  | Total number of youths in household under (under 18) | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BHT collecting demographic data on head of households assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional. | | | | | | | | | | | | | | | |
| ***Gender:*** | Female | Male | | | Trans Male (FTM) | | | Trans Female (MTF) | | Non-binary / Gender fluid | | | | | Refused / Don’t Know |
| ***Race:*** | American Indian or Alaska Native | Asian | | Black or African American | | | Native Hawaiian or Pacific Islander | | | Multi- Racial | | White | | Refused / Don’t Know | |
| ***Ethnicity:*** | Non-Hispanic/Non-Latinx | | | | | Hispanic/Latinx | | | | | Refused / Don’t Know | | | | |
| ***Lived experience*** | Disability | | Non-english speaker | | | Veteran | | | Justice Involved | | Refugee/ Immigrant | | LGBTQIA2S+ | | |

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| ***Proof of Financial Hardship due to COVID-19 Public Health Emergency*** |
| *Verify one of the following is included with application* |
| Source documentation of unemployment benefit (most recent payment statement or benefit notice, documentation of unemployment collected for income verification is sufficient.) **OR** |
| Self-Declaration Form  ***Definitions of terms used:***  *COVID-19 public health emergency*: Includes both health impacts from COVID-19 Pandemic as well as impacts of mandated quarantine restrictions, such as workplace and school closures.  *Customary work activities:* Refers to typical work activities that were performed before beginning of COVID-19 public health emergency.  *Household member*: May include family members and any non-relatives that reside in residence during the period that assistance is being requested.  Please check all that apply, and provide the date of impact and brief description on next page  My place of employment closed, reduced hours, or ended my employment as a direct result of the COVID-19 public health emergency.  I am an independent contractor or self-employed individual whose customary work activities were severely limited due to COVID-19 public health emergency.  I had to quit my job as a direct result of COVID-19 public health emergency.  I rely on income from additional members of my household whose earnings have been impacted COVID-19 public health emergency to pay for housing and utilities.  My housing status or housing and utility expenses has changed as a result of COVID-19 public health emergency  I am searching for employment but am unable to find and secure employment as a direct result of COVID-19 public health emergency.  I am the main caregiver to a household member who needs ongoing care which has impacted my customary work activities. (Example, taking care of children who could not attend school in person)  I was advised by a healthcare provider to self-quarantine due to concerns related to COVID-19 public health emergency.  Myself or a member of my household was diagnosed with COVID-19.  I became a major support for a household because a member died of COVID-19.  Other situation, described below  *Continued on other side…*     |  | | --- | | *Please briefly describe how the COVID-19 public health emergency* *impacted your ability to pay utility and/or housing expenses based on the boxes you checked above:*  Date the situation started: \_\_\_\_\_\_\_\_\_  Still ongoing?  Yes  No,  If No, when did you restart customary work activities at pre-COVID 19 level? Date\_\_\_\_\_\_\_\_  Optional: Are you in need of tenant resources or worried about the long-term stability of your housing outside of your ability to pay rent/mortgage? For example, are you facing a rental increase, in a predatory loan situation, or struggling with your landlord? Answers will help inform the city of challenges people are facing in their housing. We will connect to support resources where possible. | | Community Partners, please refer to [Washington State’s Pandemic Emergency Unemployment Compensation](https://esd.wa.gov/unemployment/benefit-extensions) to confirm eligibility with alternate situations. Please sign/initial the form to confirm you attest this person meets eligibility requirements.  Care Coordinator Attestation of eligibility: (Initial/sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | BHT Staff member attestation of eligibility: Initial/Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Rental/Mortgage Assistance:**

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| --- | --- | --- | --- |
| Request Details | | | |
| Total Amount Requested |  | Number of Months covered in request |  | |
| Are late fees included in your request? If so, how much? |  | | |
| Required Documentation: | | | |
| Copy of Lease/Mortgage Statement verifying rent/mortgage amount and address  **OR**   Housing Verification Form signed by Landlord/Lender | | | | |

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| Landlord/Mortgage Lender Info | | | |
| Name |  | Phone |  |
| Email: |  | | |
| Mailing Address |  | | |
| Required Documentation | | | | |
| W-9 from Landlord/Lender | | | | |

**Utility Assistance:**

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| --- | --- | --- | --- | --- |
| Request Details | | | | |
| Utility Company Name |  | Amount Requested |  | Include copy of Statement/Bill | |
| Utility Company Name |  | Amount Requested |  | Include copy of Statement/Bill | |
| Utility Company Name |  | Amount Requested |  | Include copy of Statement/Bill | |
| Utility Company Name |  | Amount Requested |  | Include copy of Statement/Bill | |
| Utility Company Name |  | Amount Requested |  | Include copy of Statement/Bill | |