



CITY OF GREENVILLE, NC

TENANT BASED RENTAL ASSISTANCE (TBRA) PROGRAM APPLICATION FORM

Enter legal address (where the applicant currently lives) and contact information below. If a household is experiencing homelessness or is in temporary housing, provide a mailing address (where the applicant currently receives mail).

Applications must be turned in by 4pm Friday February 16, 2024

APPLICANT

First Name:	Middle Initial:	Last Name:
Address:		
City:	State:	Zip Code:
Email Address:	Phone #	

SPOUSE / CO-APPLICANT *(if applicable)*

First Name:	Middle Initial:	Last Name:
Address:		
City:	State:	Zip Code:
Email Address:	Phone #	

LANDLORD CONTACT INFORMATION *(required for assistance)*

Name:	Phone Number:
Address:	Email Address

PART I: ELIGIBILITY CONFIDENTIAL BENEFICIARY DEMOGRAPHIC INFORMATION (APPLICANT ONLY)

HOME-ARP funded Tenant Based Rental Assistance (TBRA) is limited to income eligible families whose total annual household income does not exceed fifty percent (50%) of the area median income, [as determined by HUD](#)

Below are the maximum household income limits for the Tenant Based Rental Assistance Program

1 person household	2-person household	3-person household	4-person household	5 or more persons household
\$26,250	\$30,000	\$33,750	\$37,500	\$40,500

Financial Hardship Certification

Applicant must describe, below, how the household's financial situation has changed (such as: loss of employment or reduced income, either temporarily or permanently), and show documentation of financial hardship, i.e.: proof of being fired or laid-off, proof of reduction of income, proof of household expense increase.

☐

I/We certify that one or more members of the household have (check all that apply):

- ☐ qualifies for unemployment benefits,
- ☐ or experienced a reduction of income, or
- ☐ incurred an increase of household expenses, or experienced other financial hardships

Please provide a brief statement below as to the nature of your household's financial distress.

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APPLICANT		
Signature	Printed Name	Date

CO-APPLICANT		
Signature	Printed Name	Date

PART II: HOUSEHOLD INFORMATION

Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months.

***Please be sure to include yourself (Applicant) and Co-applicant below,
Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.***

Household Member #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Birth Date (mm/dd/ Year)	*Student (Part/Full- time, Neither)	**Disabled (Y/N)
1		YOURSELF			
2					
3					
4					
5					
6					
7					
8					

CONFIDENTIAL BENEFICIARY DEMOGRAPHIC INFORMATION (APPLICANT ONLY)

Ethnicity (Select One) <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic	
Race (Select One): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan & Black/African <input type="checkbox"/> Native Hawaiian/Other Pacific Island <input type="checkbox"/> Other Multi-Racial	Other Demographic Data (Select all that Applies): <input type="checkbox"/> Female Head of Household <input type="checkbox"/> 62 years or older <input type="checkbox"/> Other (_____)

PART III: ANNUAL INCOME

Income Information

Anticipated yearly gross income (**total for ALL household members**) = \$

Must provide a numerical number

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT (18 years and older HOUSEHOLD MEMBERS*)		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

PART IV: MEETS AT LEAST ONE (1) OF THE FOLLOWING CONDITIONS:

- ☐ Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance.
- ☐ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance.
- ☐ Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place to live.
- ☐ Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau.
- ☐ Otherwise live in housing that has characteristics associated with instability and an increased risk of homelessness.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

PART V: DUPLICATION OF BENEFITS

I/We hereby certify that:

- A. **The U.S. Department of Housing and Urban Development (HUD)** awarded the City of Greenville, NC, funds called the **Home Investment Partnerships Grant American Rescue Plan (HOME-ARP)**. The purpose of HOME-ARP funds is to provide homelessness assistance and supportive services through eligible activities such as **Tenant Based Rental Assistance (TBRA)**. However, these funds may NOT duplicate/replace any other funds, and/or any funds from the following sources for the same exact benefit. (example: same months paid by another source):
1. CDBG CARES ACT Through the City of Greenville
 2. The Paycheck Protection Program
 3. Unemployment compensation benefits¹²
 4. VASH
 5. HOPWA Tenant Based Rental Assistance
 6. Section 202
 7. Insurance claims/proceeds
 8. Federal Emergency Management Agency (FEMA) funds
 9. Small Business Administration funds
 10. Other Federal, State or local funding
 11. The HOPE Program
 12. Other nonprofit, private sector, or charitable funding.
- B. I/We have _____ or have not _____ received any such funds. If so, I/we will provide copies of any received award(s), showing source, amount, purpose of funds and date received.
- C. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the HOME-ARP TBRA funds must be repaid if it is determined that such assistance is determined to be duplicative.

APPLICANT		
Signature	Printed Name	Date
SPOUSE / CO-APPLICANT		
Signature	Printed Name	Date

PART VI: APPLICATION SELF-CERTIFICATION

1. I/We agree to voluntarily participate in the application process and voluntarily provide the documents required to be considered for the Tenant Based Rental Assistance (TBRA) Program.
2. I/We hereby authorize the release of information related to the Tenant Based Rental Assistance (TBRA) Program to contracted authorized program personnel. I/We understand that the release of this information does not guarantee assistance.
3. I/We certify that all information in the application and all information furnished in support of this application is given for the purpose of receiving assistance through the HOME-ARP Tenant Based Rental Assistance (TBRA) Program from City of Greenville is true and complete to the best of my/our knowledge and belief.

SIGNATURE, PRINTED NAME & DATE REQUIRED TO SUBMIT APPLICATION		
Applicant Signature	Printed Name	Date
Co-Applicant Signature (<i>if applicable</i>)	Printed Name	Date

REQUIRED DOCUMENTS

Important

Your application will NOT be reviewed without these:

PLEASE CONFIRM ALL DOCUMENTS ARE INCLUDED WITH YOUR APPLICATION	<input checked="" type="checkbox"/>
Current Valid NC Driver's License or Government Issued Photo ID for applicant, co-applicant, and ALL household members 18 years of age and older.	<input type="checkbox"/>
Birth certificate for ALL household members 17 years of age and under.	<input type="checkbox"/>
Current signed lease agreement (ALL PAGES), including landlord's name and contact information. The property address listed on the lease agreement must be located within City of Greenville limits. <i>Leaseholder must be the same as the Applicant or Co-applicant on page 1 of this application.</i>	<input type="checkbox"/>
Current rent ledger (back to January 2023 or date of occupancy (whichever is later). Rent ledger must provide balances forward as well as payments.	<input type="checkbox"/>
Three (3) most recent paystubs and current W2, and/or other sources of household income (Social Security, Supplemental Income, Pension, Unemployment Benefits, other public assistance) for all household members 18 years and older	<input type="checkbox"/>
Three (3) most recent Tax Returns.	<input type="checkbox"/>
Proof of financial hardship (pink slip, reduced working hours or pay, increased expenses)	<input type="checkbox"/>
Proof of all other awards or subsidies for rental assistance. Proof must state the amount and frequency of any funds received for the purpose of rental assistance. <i>Examples are listed on page 5, Duplication of Benefits</i>	<input type="checkbox"/>

Remember to **sign and date** pages 2, 4, 5 and 6.