Southwestern NC HOME Consortium HOME Disaster Tenant-Based Rental Assistance (TBRA) Application Packet Instructions

Thank you for your interest in the Southwestern NC HOME Consortium's HME Disaster Tenant-Based Rental Assistance Program. To ensure your application is processed as quickly as possible, please follow the instructions below and submit all required documents in your packet to LeNay Shular, Program Administrator, at lenay@regiona.org or In-person/By Mail to: 125 Bonnie Lane, Sylva, NC 28779.

1. **Complete the Disaster Tenant-Based Rental Assistance Application**
   Incomplete applications will not be accepted. Please be sure to:

   - Complete all sections.
   - List all household members, including children.
   - Provide accurate contact information so we may reach you for follow-up questions.

2. **Complete the HOME Disaster Tenant-Based Rental Assistance Request Form**
   You must complete this request form, noting what type of assistance you are requesting.

3. **Complete the Hurricane Helene Impact & FEMA Rental Assistance Certification**
   You must complete and sign this form for federal compliance to confirm:

   - Your household was directly affected by Hurricane Helene, and
   - You are not receiving FEMA Rental Assistance for your housing needs.

4. **Provide Supporting Income Documentation**
   You must submit current income documentation for all household members aged 18 and older. Documentation must cover the most recent 2 months and may include:

   - Paycheck stubs
   - Benefit award/verification letters (Social Security, SSDI, VA benefits)
   - Pension statements
   - Unemployment benefit statements
   - Child support documentation
   - Self-employment income records or profit/loss statement
   - Any other source of recurring income

Interoffice Use Only

Date & Time Received: _____

Staff Initials: _____

HOME APPLICATION FOR DISASTER TENANT-BASED RENTAL ASSISTANCE

Applicant Name:	
Current Address:	
City, State, Zip:	
Home Phone:	Alternate Phone:
Email Address:	

HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head.

Member's Full Name	Relationship	Birthdate	Age	Gender	SSN

RACE OF HEAD OF HOUSEHOLD (CHECK ONE)

(This information is being collected to ensure compliance with Fair Housing and Equal Opportunity Rules)

☐ White ☐ Black/African American ☐ Asian

☐ Native American/Alaskan Native ☐ Hawaiian/Pacific Islander

☐ Other: _____

ETHNICITY OF HEAD OF HOUSEHOLD (CHECK ONE)

☐ Hispanic ☐ non-Hispanic

EQUAL HOUSING OPPORTUNITY

HOME APPLICATION FOR TENANT-BASED RENTAL ASSISTANCE

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries, and tips; other income such as alimony, child support; and Social Security, AFDC, or other benefits).

Member's Full Name	**Source of Income**	**Annual Amount**	**Payment Basis** (weekly, monthly, etc.)

ASSET INFORMATION

List the type and source of any household assets. Provide both the current cash value and the estimated annual income from the assets.

Member's Full Name	**Type and Source of Asset** (e.g., bank accounts, investments	**Cash Value of Asset**	**Annual Income from Asset**

EXPENSE INFORMATION

☐ Yes ☐ No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?

☐ Yes ☐ No Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school?

☐ Yes ☐ No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

EQUAL HOUSING OPPORTUNITY

HOME APPLICATION FOR TENANT-BASED RENTAL ASSISTANCE

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive HOME Disaster Tenant-Based Rental Assistance. I/we authorize _____ to verify all information provided on this application.

_____ _____

Applicant Printed Name Date

_____

Applicant Signature

_____ _____

Co-Applicant Printed Name Date

_____

Co-Applicant Signature

COMPLETED APPLICATIONS SHOULD BE EMAILED TO LENAY SHULAR AT LENAY@REGIONA.ORG OR MAY BE DROPPED OFF OR MAILED TO 125 BONNIE LANE, SYLVA, NC 28779.

MAKE SURE YOU HAVE A GOOD PHONE NUMBER TO BE CONTACTED AND THAT THE VOICEMAIL IS NOT FULL. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE UP-TO-DATE CONTACT INFORMATION.

HOME DISASTER TENANT-BASED RENTAL ASSISTANCE REQUEST FORM

The HOME Disaster Tenant-Based Rental Assistance Program is designed to support eligible households who have been impacted by Hurricane Helene by providing rental housing stability. **Please select below the type(s) of assistance you are applying for.**

☐ **Security Deposit Assistance:** Security Deposit Assistance is to provide the landlord of the selected unit with applicable security deposits to obtain the unit. Security Deposit Assistance may be provided to households who will be using Section 8 for monthly rental assistance.

☐ **Monthly Rental Assistance:** Monthly Rental Assistance is to provide a portion of the eligible household's monthly rent to the landlord, with the household being responsible for the remainder of the rent. Households that receive other rental assistance for their rental unit are not eligible to receive HOME Disaster Tenant-Based Rental Assistance.

☐ **Utility Deposit Assistance:** Utility Deposit Assistance may only be provided in conjunction with one of the categories above – Security Deposit Assistance or Monthly Rental Assistance. The program does not allow for just Utility Deposit Assistance to be provided as a standalone benefit.

HURRICANE HELENE IMPACT & FEMA RENTAL ASSISTANCE CERTIFICATION

Applicant Name:
Address of Unit Affected:
City, State, Zip:
Current Address (if different):
City, State, Zip:

1. **IMPACT OF HURRICANE HELENE:** I certify that my household was directly affected by Hurricane Helene, resulting in one or more of the following (check all that apply):

   ☐ My primary residence was damaged or destroyed.

   ☐ My household was displaced from our primary residence.

   ☐ My current housing situation is unstable or unsustainable due to the impacts of Hurricane Helene.

   ☐ Other impact related to Hurricane Helene (please describe):

2. **FEMA RENTAL ASSISTANCE STATUS:** I further certify the following regarding FEMA Individual Assistance (IA) for rental assistance:

   ☐ I have not applied for FEMA rental assistance.

   OR

   ☐ I applied for FEMA rental assistance and was denied.

   Reason for denial (if applicable):

   OR

   ☐ I am receiving FEMA assistance, but not for rental assistance.

   Type of FEMA assistance received (if any):

3. **ACKNOWLEDGEMENT:** I understand that providing false or misleading information may result in denial or termination of assistance and may be considered fraud under state or federal law. I agree to notify the program administrator immediately if my FEMA assistance status changes.

Applicant Signature:	Date:
Co-Applicant Signature:	Date: