



NeighborImpact

Critical Needs. Diverse Services. Empowering Change.

Rental Assistance Application

Please check the location where you rent or will rent:

- Bend
- La Pine
- Madras
- Redmond
- Prineville
- Sisters

Important: All sections must be completed in order to be considered for Rental Assistance. Only selected applications will receive a notification to set up an appointment.

Date _____

Name: _____

Address: _____

email: _____

Phone: _____

Requesting:

Eviction Prevention

Do you have a 72 hour notice?

Yes No

Move-in Assistance

Monthly rental amount?

Household Information:	Date of birth	SSN:	Income	Income Source

<p>What is your current Living Situation:</p> <p><input type="checkbox"/> Rental: Room / Apartment / House</p> <p><input type="checkbox"/> Mobile Home Space Rental</p> <p><input type="checkbox"/> Staying w/ Family or Friends</p> <p><input type="checkbox"/> Hotel / Motel</p> <p><input type="checkbox"/> Homeless</p> <p>What year was your house or apartment</p> <p><input style="width: 150px;" type="text"/></p>	<p>Are you currently past due on your Rent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, how much do you owe? <input style="width: 100px;" type="text"/></p> <p>Job loss in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes when? <input style="width: 100px;" type="text"/></p> <p>Do you currently receive unemployment benefits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no date of last benefits received? <input style="width: 100px;" type="text"/></p>
--	---

Office Use Only Uso Oficial			
Approved?	___ Yes	___ No	Reason _____
Funding Source	_____		Amount _____
Follow Up Required	_____		