Rent & Utility Application Instructions

Issaquah Community Services (ICS) funds are available to qualified individuals and families who are living within the Issaquah School District and in need of emergency financial assistance for rent or utilities.

ICS funding levels limit how often and how much we can help a client.   If you were recently helped by ICS with City of Issaquah COVID-19 funds, contact our office to check your eligibility.

ICS does not provide financial assistance with phone or internet.

The number of applicants has risen dramatically in recent weeks. ICS will evaluate all applications and release funds to landlords or utility companies based on the severity of need. In Washington state, evictions and late fees are prohibited through June 4. Please be aware it may be up to a week before we notify you of our decision on your application.

Application Process

1. Print and fill out the two-page application below. **Return clients must fill out a new application.** On page 2, be sure to identify all current sources of income including but not limited to state unemployment benefits, social security, disability, pension and **any funds obtained through the Federal Government stimulus package (additional $600/week unemployment payments, and one-time adult/child payment of $1200/$500 respectively.** Your completed application must be accompanied by the following documents.

2. **Documentation required**:
   a. One piece of valid picture ID such as your driver's license. (**Not required for return clients**).
   b. Income verification for all earners in the household from prior to layoff or reduction in hours. This could be pay stubs, 2019 tax return, 2019 W-2's for all family members..
   c. For rent assistance, provide the first page of your current lease showing your name, the address, name and address of landlord and monthly rent amount. **Return clients no not need to resubmit their lease, if it is unchanged since the previous application.** If you have a 14 day Eviction Notice, include that as well.
   d. For utility assistance, provide a copy of your current past due power or water bill, and shut off or disconnect notice, if you have one.

3. **Submission of documents**: Scan or take a photo of your completed application and all other documents and email them to icsoffice180@gmail.com.

4. **Verification**:   Information provided by the applicant will be verified, so please be sure the information is accurate. We do not have resources to manage multiple application revisions. Inaccuracies in your application will cause delays in processing.

Application: See Next Page

EMERGENCY ASSISTANCE APPLICATION

Rev. 3/26/2020

Name (first, middle, last):   **Date:**

If you might be listed under another name, please enter:

Date of Birth: /   /   **Age:**   **Gender: Male ☐   Female ☐**

Street Address: **Apt. #**

City: **State:**   **Zip:**

Phone: **Email:**

Marital Status:	Veteran Status:	Employment Status:
Single☐ Divorced☐ Partnered ☐ Married living with spouse☐ Married/not living with spouse☐	U.S. Veteran No ☐ Yes ☐	Employed ☐ Unemployed ☐
Living Arrangements: Own ☐ Rent☐ Living in car☐ Camping ☐ Homeless ☐ Staying with friends ☐ Other ☐	For utility assistance: Do you have an urgent, shutoff or final notice? No ☐ Yes ☐	For rent assistance: Do you have a 14 day or eviction notice? No ☐ Yes ☐
Race (check all that apply): White ☐ Latino/Hispanic ☐ Asian/American ☐ Black/African American☐ Native Hawaiian/Pacific Islander ☐ Multi-racial☐ Other ☐ Define:		First time using Issaquah Community Services ? No ☐ Yes ☐

List all the people in your household:

Name:	Birthdate:	Relationship:
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____

I verify the information on this intake form is accurate and I give my permission for Issaquah Community Services to contact the agencies needed in order to access my services.

Client: _____   Date: _____

ICS Representatives: _____   _____   Date: _____

I would be willing to share my story of receiving help from ICS in social media, or written publications. We will not use your name unless you give permission to do so.
Client: _____   Date: _____

TO BE COMPLETED BY CLIENT:

Monthly Household Income:

		Household Expenses:	
Earned wages	$_____	Rent/mortgage	$_____
Unemployment	$_____	Electricity/Gas	$_____
SSI	$_____	Water/Sewer/Garbage	$_____
Disability	$_____	Car Payment	$_____
Workers Compensation	$_____	Car Insurance	$_____
Soc. Sec./Retirement	$_____	Medical Costs (inc. insurance)	$_____
TANF/GAU (circle one)	$_____	Daycare	$_____
Pension	$_____	Cell phone/landline	$_____
Child Support	$_____	Cable	$_____
Alimony	$_____	Credit Card Debt	$_____
		Food/Groceries	$_____
		Other Debt	$_____
TOTAL MONTHLY INCOME	$_____	**TOTAL MONTHLY EXPENSES**	$_____

CLIENT MUST SUBMIT: PICTURE ID: ☐

For utility request: Utility bill: late notice/final or shutoff notice ☐

For rent/mortgage request: Lease 1st page showing rent amount   ☐ Late notice

FOR RENT ASSISTANCE MUST SUPPLY VERIFICATION INCOME & EMPLOYMENT STATUS VERIFICATION FROM

LAST 30-60 DAYS. Can be payroll stubs or for direct deposit bank statements with account number blacked out showing payroll amount.

Client complete their circumstance for their request:

_____
_____
_____
_____
_____
_____

Amount requesting:_____

Action taken to be completed by ICS office (ICS office to complete)

_____
_____
_____
_____

CLIENT PAYS $_____   WARM ENERGY FUND $_____ **OR** $800 MONTHLY FUND $_____

ICS PAYS $_____   CHECK NUMBER_____   **OR**   VOUCHER NUMBER _____

RENT/MORTGAGE VERIFICATION

Complex Name: _____ Phone#_____

Manager's Name: _____ Who did you speak to?:_____

Mailing Address: _____

UTILITY INFORMATION

Utility Company: _____ Phone #_____

Account Number:_____ Who did you speak to?:_____

TOTAL AMOUNT OWED on Bill (current and past due) $_____

Mailing Address if not PSE_____