

## 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 the City of Issaquah COVID-19 funds, contact our office to check your eligibility.

ICS does not provide financial assistance over the phone or the internet.

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 **October 15, 2020**. 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.
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 the last 30-60 days. 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 the landlord and monthly rent amount. **Return clients do not need to resubmit their lease if it is unchanged since the previous application.**
  - 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](mailto: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 the resources to manage multiple application revisions. Inaccuracies in your application will cause delays in processing.

**APPLICATION: See Next Page**



# EMERGENCY ASSISTANCE APPLICATION

Rev. 8/21/2020

**PLEASE COMPLETE THIS FORM COMPLETELY & SUPPLY ALL NEEDED DOCUMENTATION. FOR RENTAL ASSISTANCE YOU MUST SUPPLY INCOME & EMPLOYMENT STATUS DOCUMENTATION FROM LAST 30 TO 60 DAYS, PICTURE ID, 1<sup>ST</sup> PAGE OF LEASE SHOWING YOUR MONTHLY RENT.**

Name (first, middle, last):		Date:
If you might be listed under another name, please enter:		
Date of Birth:     /     /	Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address:		Apt. #
City:	State:	Zip:
Phone:	Email:	
<b>Marital Status:</b> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered <input type="checkbox"/> Married living with spouse <input type="checkbox"/> Married/not living with spouse <input type="checkbox"/>	<b>Veteran Status:</b> U.S. Veteran     No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Employment Status:</b> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
<b>Living Arrangements:</b> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living in car <input type="checkbox"/> Camping <input type="checkbox"/> Homeless <input type="checkbox"/> Staying with friends <input type="checkbox"/> Other <input type="checkbox"/>	<b>For utility assistance:</b> Do you have an urgent, shutoff or final notice? No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>For rent assistance:</b> Do you have a 14 day or eviction notice? No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Race (check all that apply):</b> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian/American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other <input type="checkbox"/> Define:		<b>First time using Issaquah Community Services ?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>

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:**

Earned wages \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Workers Compensation \$ \_\_\_\_\_  
Soc. Sec./Retirement \$ \_\_\_\_\_  
TANF/GAU (circle one) \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
  
TOTAL MONTHLY INCOME \$ \_\_\_\_\_

**Household Expenses:**

Rent/mortgage \$ \_\_\_\_\_  
Electricity/Gas \$ \_\_\_\_\_  
Water/Sewer/Garbage \$ \_\_\_\_\_  
Car Payment \$ \_\_\_\_\_  
Car Insurance \$ \_\_\_\_\_  
Medical Costs (inc. insurance) \$ \_\_\_\_\_  
Daycare \$ \_\_\_\_\_  
Cell phone/landline \$ \_\_\_\_\_  
Cable \$ \_\_\_\_\_  
Credit Card Debt \$ \_\_\_\_\_  
Food/Groceries \$ \_\_\_\_\_  
Other Debt \$ \_\_\_\_\_  
  
TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

CLIENT MUST SUBMIT: PICTURE ID:

FOR RENT AND UTILITY 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.

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

For rent/mortgage request: Lease 1<sup>st</sup> page showing rent amount  Late notice

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 \_\_\_\_\_