

Appendix I HAP Application
Utah Housing and Community Development Division
Housing Assistance Program
Application for Assistance¹

Application Details

Complete Name: _____
Address of Rental Unit: _____
City, State, Zip Code: _____
Home Phone: _____ **Alternate Phone:** _____

Assistance Sought

Rent

Current rent _____	Current fees _____	Total current assistance sought _____
Number of prospective months _____		Total prospective assistance _____
Number of month's rent arrears is needed _____		Total arrears _____
		Total rent assistance _____

Utility

Current utility _____	Current fees _____	Total current assistance sought _____
Number of months of prospective utility _____		Total prospective utility assistance _____
Number of month's utility arrears is needed _____		Total utility arrears _____
		Total utility assistance _____
		Total amount of assistance _____

Need for Assistance

Have you qualified for unemployment? Yes No

Have you experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19? Yes No

Are you past due on your utility or rent or have an eviction notice? Yes No

Is your rental unit unsafe or exhibit unhealthy living conditions? Yes No

Are you otherwise at risk or in need of assistance? Yes No

If you have indicated that you have experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19 or that you are otherwise at risk or in need of assistance please describe:

Priority Information

Have you been unemployed for the last 90 days? Yes No

Are you below 50% AMI? Yes No Not Sure

Demographic Information

APPLICANT'S FULL NAME

RELATIONSHIP

AGE

GENDER

Total Members of the household _____

Race and Ethnicity

When indicating Race and Ethnicity please use the information of the member of the household who is applying for assistance. **Indicate both Race and Ethnicity.**

RACE (Check One)

&

HISPANIC/LATINO ETHNICITY (Check one)

White

Yes

Black/ or African American

No

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Multi Racial

Other _____

Conflict of Interest

Is anyone in the household currently serving or has served or related to someone who is currently serving or has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of the Agency?

Yes No

If yes, identify who, organization name, and role:

APPLICATION CERTIFICATION: I/we certify that this information is complete and accurate and that it is being collected to determine if I/we are eligible to receive rental assistance.

HEAD OF HOUSEHOLD SIGNATURE

DATE