



Rental Assistance Application

Application Checklist

Please review your application to make sure that it is complete.

Any applications which are not complete will be returned and must be resubmitted with all required documentation.

- Proof of income received in the last 60 days (2 months) for each member 18 years or older.
- A copy of your signed rental agreement. (if applicable)
- A copy of your 72 hour or eviction court summons. (if applicable)
- Written proof of approval for a unit. (if applicable)
- Written proof of a HUD voucher. (if applicable)
- The attached application form and Action Plan is filled out completely.

To return your application:

Mail: 535 Market St.

Klamath Falls, OR 97601

Email: rentassist@klcas.org

Fax: 541-882-3674





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Important: All sections must be completed in order to be considered for Rental Assistance.

Only complete applications will receive a notification to set up an appointment.

Email: _____

This is the only way you will receive notice of application status.

Date: _____
 Name: _____
 Current Residence: _____

 Phone: _____

**Requesting:
 Eviction Prevention**
 Do you have a 72-hour notice to vacate?
 Yes No
 72 hr. Eviction Summons
 Monthly Rental Amount:

Anyone in the household
 Pregnant Veteran Fleeing DV
 H HCV/Section 8 Holder
 Have you exhausted all other available resources?

* KLCAS is not able to help with housing search
 Move-in Assistance
 Have you been approved?
 Yes No
 Deposit Amount:

Household Information: Name	Date of Birth	SSN:	Monthly Income Amount	Income Source

What is your current Living Situation:
 R Rental: Room/ Apartment / House
 Staying w/ Family or Friends
 Hotel / Motel – with voucher
 without voucher

Are you currently past due on your rent?
 Yes No
 If yes, how much do you owe?





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<p><input type="checkbox"/> Literally homeless (car, camping, shelter) *VI-SPDAT to be done if literally homeless</p> <p>Is there anyone else that can help you with rent or deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Job loss in the past 12 months. N Yes No</p> <p>Medical event resulting in loss of income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes: Do you have a Checking or Savings Account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any assets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Client Signature: _____

If KLCAS has permission to speak with your landlord, initial here: _____

By initialing this form, you are giving KLCAS permission to speak with your landlord about your situation.

Office use only	
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason: _____	
Funding Source: _____	
Amount: _____	
*Denial Communicated:	<input type="checkbox"/> Call <input type="checkbox"/> Email
KLCAS Staff signature: _____	

*Grievance Policy is available at KLCAS Office





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Rental Assistance Action Plan

I can't pay my rent or deposit right now because...

If I get help from KLCAS, I could...

What steps will you take to ensure your housing stays stable if you receive our assistance?

