



**Covid-19 Rental Assistance Program
Funded in part by Great Barrington and
Lenox Affordable Housing Trusts**

Application for Rent Assistance

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Mailing Address: _____
(if different)

Phone: _____ Email _____

Property Information

Landlord Name _____ Method of payment: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Mailing Address: _____
(if different)

Phone: _____ Email _____

Household Members

Please list all members of your household as of April 1, 2020 and provide requested information. Documentation may be requested to verify provided information. Add additional members on the back.

Full Name: _____ Relationship: _____
Occupation/ School: _____ Age: _____

Full Name: _____ Relationship: _____
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Occupation/ School: _____ Age: _____

Household Income

Type of Income	Applicant	Member:	Member:	Member:
Wages, Salary				
Social Security				
Other Pension				
Interest/dividends				
Business Profits				
Capital Gains				
Alimony				
Child Support				
Public Assistance				
Unemployment				
Disability				
Federal Rebate				
Other				
Other				
Other				
Total Gross: members				
Total Gross Income: Household				
35% of Total				
Rent Amount				
Difference				

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature of Household Adults

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____