

Application for the CHP Rent Bank

APPLICANT NAME:

CURRENT ADDRESS:

CITY, STATE, ZIP CODE:

HOME PHONE: ()

ALTERNATE PHONE: ()

APPLICANT SIGNATURE:

DATE

THIS SECTION FOR
OFFICIAL USE ONLY

:

CHP RENT BANK

Date: (MM/DD/YY)

Staff Signature:

Date: (MM/DD/YY)

Approval committee
signature:

Award amount:

Duration:

Was this application
Approved or Denied?

Reason:

BY SIGNING, I, THE APPLICANT, INDICATE THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS ACCURATE, AND THAT IT IS BEING COLLECTED TO DETERMINE IF I AM ELIGIBLE TO APPLY FOR THE CHP RENT BANK. I AUTHORIZE THE REVIEW COMMITTEE TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I ALSO REALIZE THAT MY APPLICATION WILL BE CONSIDERED INCOMPLETE IF VERIFICATION DOCUMENTS ARE NOT SUBMITTED WITH APPLICATION



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WHICH OF THE OPTIONS BELOW MOSTLY RELATES TO YOUR HARDSHIP?

- Employment
- Grievance/Death
- Medical

PLEASE EXPLAIN YOUR HARDSHIP IN DETAIL INCLUDING TIME LINES:



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CHP RENT BANK APPLICATION CHECK LIST (FOR APPLICANTS)

BEFORE YOU HAND IN YOUR APPLICATION

- I HAVE FILLED OUT ALL THE PAGES OF THIS APPLICATION TO THE BEST OF MY ABILITY AND HAVE CONTACTED MY PROPERTY MANAGER WITH ANY QUESTIONS.
- I HAVE INCLUDED ALL THE REQUIRED VERIFICATION DOCUMENTS.
- I HAVE SIGNED THE APPLICATION FORM INDICATING THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS ACCURATE, AND THAT IT IS BEING COLLECTED TO DETERMINE IF I AM ELIGIBLE TO APPLY FOR THE CHP RENT BANK AND I AUTHORIZE THE REVIEW BOARD TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I ALSO REALIZE THAT MY APPLICATION WILL BE CONSIDERED INCOMPLETE IF VERIFICATION DOCUMENTS ARE NOT SUBMITTED BY DATE LISTED.
- I UNDERSTAND THAT ALTHOUGH I MAY SUBMIT AN APPLICATION AN INDEFINITE AMOUNT OF TIMES, I CAN ONLY RECEIVE AID FROM THE CHP RENT BANK **ONE** TIME IN FIVE YEARS OF MY RESIDENCY.
- I UNDERSTAND THAT A DECISION WILL TAKE UP TO **10** BUSINESS DAYS (ALL APPLICATIONS ARE PROCESSED IN THE ORDER RECEIVED)
- THE DECISION WILL ARRIVE BY MAIL.
- IF I HAVE BEEN DENIED, I WILL RECEIVE A LETTER IN THE MAIL INDICATING THE REASON FOR THE DECISION AND YOU WILL BE PROVIDED AN EXPLANATION.
- IF I HAVE BEEN APPROVED, I WILL RECEIVE A LETTER IN THE MAIL INDICATING THE APPROVAL, TERMS, WHICH IS THE DURATION AND MONTHLY AMOUNT OF ASSISTANCE.
- I UNDERSTAND THAT IF I AM APPROVED FOR CHP RENT BANK ASSISTANCE IT WILL ONLY COVER THE TENANT PORTION OF THE RENT AND THE MAXIMUM AMOUNT OF TIME I CAN RECEIVE RENT BANK ASSISTANCE IS 3 MONTHS. RENT BANK WILL NOT BE USED TO COVER ANY SUBSIDY PORTION.

Thank you again for your interest in the Connecticut Housing Partners Rent Bank. We appreciate your interest and look forward to the opportunity to serve your housing needs.