## LEXINGTON COUNTY APPLICATION FOR HOME TENANT BASED RENTAL ASSISTANCE (Pre-Screening Application)

| APPLICANT NAME:        |                  |  |
|------------------------|------------------|--|
| Current Address:       |                  |  |
| City, State, Zip Code: |                  |  |
| Home Phone:            | Alternate Phone: |  |
| Email:                 |                  |  |

## HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

| Member's Full Name | Relationship | Birthdate | Age | Sex | Social Security No. |
|--------------------|--------------|-----------|-----|-----|---------------------|
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |
|                    |              |           |     |     |                     |

Race of Head of Household (Check One) - Optional (This information is being collected to assure compliance with fair housing and equal opportunity rules.)

□ White □ Black

□ Native American/Alaskan Native

□ Asian/Pacific Islander □ Hispanic

Other

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

\$\_\_\_\_\_

| Are you currently receiving assistance fr | om the Section | on 8 Prog | ram or any other type of |
|---|----------------|-----------|--------------------------|
| assistance to reduce your rental paymer   | nt? 🛛 Yes      | □ No I    | f yes, please explain:   |

Are you currently living in Lexington County: □ Yes □ No If No, are you wanting to relocate to Lexington County? □ Yes □ No

What type of assistance are you needing? Check all that apply: □ Rent □ Rent Security Deposit □ Utility Security Deposit □ Utility Assistance

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the [Program Administrator] to verify all information provided on this application.

| Head of Household Signature    | Date | Spouse Signature    | Date |
|--------------------------------|------|---------------------|------|
| Head of Household Printed Name |      | Spouse Printed Name |      |

## \*\*NOTE\*\*

If your Pre-Screening Application is approved you will receive a full application in the mail within a week. If you would like to receive the full application via email please provide the email address that you would like it sent to below:

Email: \_\_\_\_\_

If your pre-screening application is not accepted you will receive written notification by mail or email.

Receiving a full application does not signify that you have been approved for the Tenant Based Rental Assistance (TBRA) Program.