



601 19<sup>TH</sup> Street N  
Birmingham, Alabama 35203  
205.328.4292  
[help@nhsbham.org](mailto:help@nhsbham.org)

### NHS ERAP Intake Form

SSN/ITIN: (optional) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Do you rent the Home/Unit you live in:  Yes  No

Are you currently homeless  Yes  No

#### Race:

- African American/Black
- Caucasian
- Native Hawaiian/ Pacific Islander.
- Asian
- American Indian/AK Native
- African American & White
- American Indian/AK/White
- Asian & White
- American Indian/AK/Black

#### Ethnicity:

- Hispanic/Latinx Origin
- Non Hispanic/Latinx Origin

#### Primary Language

- English
- Spanish
- Other (please specify)

\_\_\_\_\_

**Has your household been directly or indirectly impacted financially due to COVID 19?**

Yes  No

**When did the COVID related impact begin? \_\_\_\_\_**

**What negative financial impact has your household experienced (check all that apply):**

- Job Loss                       Increased cost of distance learning/work  
 Reduced Hours                 Increase medical cost  
 Reduced Tips                   Funeral Costs  
 Business closure               Increased childcare costs  
 Significant medical cost related to COVID 19  
 Reduced hours to become primary caregiver  
 Loss of opportunities such as grants or scholarships due to higher education institution closing.  
 Other negative COVID impact: Please specify

---

No COVID 19 impact

**Please check all the assistance you are requesting:**

- Rental Assistance**  
 **Utility Assistance**  
 **Home Internet (Not Cell Phone)**  
 **All of the above**

**Have you or one of the members of your household been unemployed for at least 90 days (as of the day of your application submitted)?**

- Yes  
 No





## RENT AMOUNT DUE

Month	Original Amount Due	Fees (Legal, late fees, pet deposit)	Amount Paid	Total Amount Still Due
Mar 2020				
Apr 2020				
May 2020				
June 2020				
July 2020				
Aug 2020				
Sept 2020				
Oct 2020				
Nov 2020				
Dec 2020				
Jan 2021				
Feb 2021				
Mar 2021				
Apr 2021				
May 2021				
June 2021				
July 2021				
Aug 2021				
Sep 2021				
Oct 2021				
Nov 2021				
Dec 2021				

# LANDLORD/PROPERTY MANAGEMENT COMPANY INFORMATION

NAME: \_\_\_\_\_

PRIMARY CONTACT NAME (If different from above) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

By initialing this box, I authorize Neighborhood Housing Services of Birmingham, Inc. representatives to discuss my application with my landlord/property management company.  
**(Note, landlord participation is a requirement of this program)**

## UTILITIES DUE: Through Current Month

<b>Month</b>	<b>Original Amount Due</b>	<b>Fees (Late Fees and Reconnection Fees)</b>	<b>Amount Paid</b>	<b>Total Amount Still Due</b>
<b>Mar 2020</b>				
<b>Apr2020</b>				
<b>May 2020</b>				
<b>June 2020</b>				
<b>July 2020</b>				
<b>Aug 2020</b>				
<b>Sept 2020</b>				
<b>Oct 2020</b>				
<b>Nov 2020</b>				
<b>Dec 2020</b>				
<b>Jan 2021</b>				
<b>Feb 2021</b>				
<b>Mar 2021</b>				
<b>Apr 2021</b>				
<b>May 2021</b>				
<b>June 2021</b>				
<b>July 2021</b>				
<b>Aug 2021</b>				
<b>Sep 2021</b>				
<b>Oct 2021</b>				
<b>Nov 2021</b>				
<b>Dec 2021</b>				

## **SUPPORTING DOCUMENTATION**

I have attached identification documentation (must include an ID such as a driver's license, REAL ID, passport, permanent resident card, or other photo identification)

I have attached documentation that supports the household income listed in the application, which may include:

- 2020 Tax Filing (form 1040) for all adults in your household; or
- 2020 W-2 Earnings Statements from all jobs for all adults; or
- Notice of eligibility (dated January 1, 2020 or later) for public benefits based on income from programs such as SNAP, food stamps, Women, Infants and Children (WIC), Medicaid, Medicare, Daycare Assistance, Housing Voucher, Section 8 Housing Assistance, and Public Housing, or
- Monthly paystubs for all adult household members for all jobs for the last 2 months, or
- Bank statements showing all adult household members' income and earnings
- Or other evidence of income for all adult household members, or
- Self certification of no income

I have attached documentation showing I have an obligation to pay rent at my address (e.g. signed lease agreement, documentation that shows a history of paying rent such as check copies or bank statements, a written attestation from the verified owner or management agent of the unit, evidence of paying utilities for the residential unit, or other reasonable documentation).

I have attached documentation showing the costs for which I have requested assistance. Documentation must show the amount due for each month. For outstanding payments due, documentation must show the months that are outstanding and the amount due for each month for which there is an outstanding balance. (example is: copies of utility bills for the rental unit in the household's name, evidence of rent payments made to the landlord through copies of checks or receipts of rent paid, bank statements, eviction notice issued to the household or notice of Demand for Payment that lists amounts due by month including fees, written attestation by a landlord who can be verified as the legitimate owner or



management agent of the unit with sufficient monthly detail, landlord ledger establishing past-due amount including dates of service for which there is an outstanding balance, or other documentation that reasonably established a pattern of paying rent and amounts due)

I have attached documentation showing my household has experienced a direct or indirect negative economic impact due to COVID-19 (such as a COVID-19 related job loss, reduced hours, reduced tips, loss of opportunities such as grants or scholarships due to the higher education institution closing, medical cost related to COVID-19, increased costs of distance learning or work from home, increased child-care, or medical expenses, etc.)

Documentation must include at least one:

I have included documentation that some in my household qualified for unemployment benefits (e.g., a notice of approval for unemployment benefits, evidence of unemployment payment, or other relevant documentation), **or**

I have included documentation that shows my household experienced a reduction in income, incurred significant costs, or experienced other financial hardship directly or indirectly due to the COVID-19 outbreak (e.g. notice from an employer of reduced hours, notice from an employer of termination, an attestation from an employer regarding a reduction in hours, pay or termination, paystubs demonstrating a reduction in pay, bank statements demonstrating reduced income, COVID-19 related medical or funeral bills, an attestation from a caseworker familiar with your circumstances, or other supporting documentation (including a self-attestation) that shows COVID-19 impact).

I have attached documentation showing my household is at risk of housing instability or homelessness (e.g., a past due utility or past due rent notice, eviction notice, documentation of annual income below 30 percent of the median family income for the area, evidence of living in a hotel or motel not paid by a charitable or government program, or documentation that you are exiting a publicly funded institution)

## **Attestations and Acknowledgements**

All applicants must attest that the following statements are true and accurate before submitting an application. By checking the box, you attest that the corresponding statement is true and accurate.

I understand that providing false representations constitutes an act of fraud. I understand that providing fraudulent, misleading, or incomplete information may result in ineligibility for this program, repayment or recapture of funds, and other legal action.

I certify that the information provided in this application is true and accurate to the best of my knowledge and I have fully disclosed all relevant information on the application. Furthermore, I certify that all household members and all income has been fully and accurately disclosed.

I understand that misrepresenting household income may constitute fraud. If I indicated that my household has no income, I affirm that is accurate and I understand that I may be asked for additional information and documentation to determine eligibility, which may delay the processing of my application.

I agree to make any records relevant to the application available upon request and I agree that NHS Birmingham, Jefferson County, the County's Auditor (or their designee), and the Treasury's Office of Inspector General shall be entitled to access, review and audit any records necessary to prevent fraud and/or ensure compliance with federal requirements.

I certify that no one in the household has received and will not receive any payments or other assistance from a federal agency or any other government assistance for rental or utility and home energy costs for the periods covered by this application. I understand that an expense may not be paid by multiple sources of assistance and that any duplicate benefits must be repaid. I agree to repay any funds received through this program for expenses that are paid by another source of government assistance and understand that providing false, misleading or incomplete information may result in ineligibility for this program and eligibility for other government assistance programs, repayment and recapture of funds, and other legal action.

I agree that if I am provided assistance, I will use the funds to meet my financial obligations as represented in this application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_