



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



**Temporary Rental Housing Assistance Payment (TRHAP)
Application for Assistance for RENTERS**

Dear Applicant:

Your household has been pre-approved for rental assistance funds through the TRHAP program. To continue with this process, you must complete the attached TRHAP Application and gather acceptable verification documents for submission to the Housing Counseling Agency listed on your TRHAP Pre-Approval Letter. It is important that you fully understand the application and documents enclosed; therefore, if you should need assistance understanding and/or completing this form, please contact the Housing Counseling Agency.

In addition to a completed application, you will need to provide verification of the information provided. The factors to be verified including the following:

1. Identity of the Head-of-household Member
2. Social Security Number or an equivalent number for the Head-of-household Member
3. Calendar Year 2019 Household Income
4. Current Monthly Income
5. Impact of COVID-19 on Applicant's ability to pay full rent on or after March 1, 2020 (i.e. job loss, furlough, layoff, reduction in hours/wages, other reasons resulting in a loss/reduction of income, etc.)
6. Rent Obligation (monthly rental cost)
7. Total Rent Arrearage, if applicable

Listed below you will find a brief description of the documents that are attached to this application.

Acceptable forms of Verification: These documents serve as a guide to help you understand what types of documentation is acceptable to verify the eligibility factors. Where noted and permitted, if you are unable to gather the documentation, the information on your Application can be accepted. The Housing Counselor assigned to your application will be available to assist you in putting together these materials.

Landlord Self-Certification Form: If you are unable to obtain verification documents to confirm your monthly Rent Obligation and your Total Rent Arrearage, this form can be completed by your landlord to verify those amounts.

The completed application form and supporting documentation must be submitted within 30 days. **If you fail to complete this application within 30 days you WILL be deemed ineligible for TRHAP assistance.**

Once your application is reviewed, the Housing Counseling agency will send written notification informing you as to the status of your application.

Thank you,

State of Connecticut Department of Housing

For Housing Counseling Agency Use Only		
HC Agency:	HC Agent Name:	
Application Reference #:	Date Submitted:	Time:

Temporary Rental Housing Assistance Payment (TRHAP) Application for Assistance for RENTERS

DIRECTIONS: Please type or print clearly and complete **ALL** sections of this application and all applicable attachments. Return the application and acceptable verification documents to the Housing Counseling agency listed on the cover letter (Page 1) of this application form. If a question is not applicable to you, please write "N/A" in that section.

A. GENERAL INFORMATION

Applicant Name: _____
First Name
Last Name

Physical Address: _____
Street
Apt. #
City
State
ZIP

Mailing Address: _____
Street
Apt. #
City
State
ZIP

Cell #: _____ Home #: _____ Work #: _____

E-Mail: _____

Landlord Name: _____
First Name
Last Name

Landlord Mailing Address: _____
Street
Apt. #
City
State
ZIP

Landlord Phone: _____ Landlord Email: _____

B. HOUSEHOLD COMPOSITION

List **ALL** persons currently residing in the rental unit, including those who live there at least 50% of the time and any unborn children. Use a separate sheet of paper if additional space is needed.

	Name	Date of Birth	Social Security # or Equivalent #
1			
2			X
3			X
4			X
5			X

1. _____ Total Number of Household Members

C. HOUSEHOLD INCOME

Household Income is defined as the gross annual income received by the household from all sources excluding employment income from minor children and full-time students.

1. What was your total Household Income for Calendar Year 2019? \$ _____
2. What is your current Monthly Income? \$ _____

D. IMPACT OF COVID-19 ON ABILITY TO PAY RENT

1. Have you experienced a COVID-19 related hardship that affected or currently affects your ability to pay your rent in full?
 YES NO

a. If **YES**, select the reason(s). Check all that apply

- Job loss, furlough, layoff, or other reduction in your hours, wages, or salary
- Loss or reduction of self-employment income or income from your business
- OTHER** Reasons: *Examples include missing work because you had to be home with your child once schools and daycare centers closed, you had to care for a family member who had COVID-19, you yourself were ill or had to be quarantined because of COVID-19, a suspension or delay in the receipt of benefit payments, etc.*

If **OTHER**, please provide a brief explanation:

E. RENT OBLIGATION AND ARREARAGE

1. Is the rental your full-time primary place of residence? YES NO
2. What is your current monthly rent obligation (rental cost)? \$ _____
3. Do you receive assistance from any Federal or State monthly rental assistance program in which your Tenant Rent portion is calculated based on your household income and there is no Base Rent or Minimum Rent requirement? *Examples: Section 8, State Rental Assistance Program (RAP), other housing vouchers.*
 YES NO
4. What is your current Total Rent Arrearage for all past due rent to your Landlord from March 1, 2020 up to the date of this application? (Do **NOT** include any arrearage for months prior to March 1, 2020.)

\$ _____

F. APPLICANT DEMOGRAPHIC INFORMATION

Providing the information below is **OPTIONAL** and for monitoring purposes only.

I do not wish to provide this information

- 1. Ethnicity: Hispanic or Latino Not Hispanic or Latino

- 2. Race: (Check all that apply)
 American Indian or Alaska Native Black or African American
 Asian Caucasian Native Hawaiian or Other Pacific islander

- 3. Sex: Female Male

G. APPLICANT CERTIFICATION AND AUTHORIZATION

By signing below, I:

- ✓ certify that the information provided on this application form and all supporting documentation is true and complete to the best of my knowledge;
- ✓ Authorize the release of the information provided in this application and any supporting documentation to the State of Connecticut Department of Housing;
- ✓ Authorize the State of Connecticut Department of Housing to verify the information contained in this application and any supporting documentation; and
- ✓ agree to be enrolled in Housing Counseling services through the agency reviewing this application. *If you wish to **OPT OUT** of these services, please place your initials here:* _____

Applicant Signature

Date

Exhibit B-1

Factor to be Verified	Acceptable Forms of Verification for Income		
	Third-Party Documentation Provided by Applicant		Self-Certification
	Calendar Year 2019 Income	Current Monthly Income	
Alimony or Child Support	2019 Federal or State Income Tax Return	Separation or divorce agreement provided by ex-spouse or court indicating type of support, amount, and payment schedule	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
	Separation or divorce agreement provided by ex-spouse or court indicating type of support, amount, and payment schedule	Payment ledger from Child Support Enforcement agency	
	Payment ledger from Child Support Enforcement agency	Written statement provided by ex-spouse or income source indicating type of support, amount, and payment schedule	
	Written statement provided by ex-spouse or income source indicating type of support, amount, and payment schedule	Letters from the court	
		Check stub	
Employment Income	W-2 Forms	Consecutive Paycheck stubs (2 stubs for bi-weekly or bi-monthly paychecks, 4 stubs for weekly paychecks, 1 stub for monthly paychecks)	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
	2019 Year-end paycheck stub or earnings statement	Employer verification letter	
	2019 State or Federal Income Tax Return		
	Employer verification letter		

Factor to be Verified	Acceptable Forms of Verification for Income		
	Third-Party Documentation Provided by Applicant		Self-Certification
	Calendar Year 2019 Income	Current Monthly Income	
Income from maintenance payments, benefits, non-wage income (i.e., welfare, Social Security [SS], Supplemental Security Income [SSI], Disability Income, Pensions)	1099 Forms for 2019	Current award or benefit notification letters from authorizing agency	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
	2019 Award or benefit notification letters from authorizing agency	Bank statement showing the direct deposit income	
	2019 year-end check stubs	Current check stub	
		Recent quarterly pension account statement	
Business Income	2019 State or Federal Income Tax Return with Schedule C, E, or F		If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
Self-employment	2019 State or Federal Income Tax Return showing amount earned		If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
Unemployment	2019 Federal or State Income Tax Return	Benefit notification letter	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
		Statement from authorizing agency	

Exhibit B-2

Factor to be Verified	Acceptable Forms of Verification for Other Eligibility Factors	
	Third-Party Documentation Provided by Applicant	Self-Certification
Identity of the Head-of-household Member	State issued photo ID or Driver's License	Not Accepted
	Other form of photo ID with name and other identifying information	
Social Security Number or equivalent number for the Head-of-household Member	Social Security Card	Not Accepted
	Document issued by a federal or state government agency which contains the name and Social Security Number	
	Card or document that confirms the equivalent number provided	
Job Loss, furlough, layoff, or reduction in hours/wages/salary	Letter or notice from employer	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
Loss or reduction of self-employment income	None required	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
Loss or reduction of Business Income	None required	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.

Exhibit B-2

Factor to be Verified	Acceptable Forms of Verification for Other Eligibility Factors	
	Third-Party Documentation Provided by Applicant	Self-Certification
Other reasons for loss or reduction of income (i.e. lack of childcare services, school closures, care for COVID-19 positive family member, or need to quarantine, etc.)	None required	If an Applicant is unable to provide Third-Party Documentation, the completed and signed Addendum 3 - TRHAP Application Form for Renters can be accepted as the Self-Certification.
Rent Obligation	Lease	Addendum 8 - TRHAP Landlord Self-Certification Form
	Rent receipt	
	Rent ledger	
Total Rent Arrearage	Rent ledger	Addendum 8 - TRHAP Landlord Self-Certification Form

TRHAP Landlord Self-Certification Form

DIRECTIONS: This information is being requested to process your tenant’s Temporary Rental Housing Assistance Program Application. Please type or print clearly and complete **ALL** sections of this form. Once completed, this form can be returned to your tenant for submission or directly to the Housing Counseling Agency working with your tenant.

Landlord Name: _____
First Name & Last Name or Business Name

Landlord Mailing Address: _____
Street Apt. # City State ZIP

Landlord Phone: _____ Landlord Email: _____

Tenant Name: _____
First Name Last Name

Tenant Property Address: _____
Street Apt. # City State ZIP

What is this tenant’s monthly Rent Obligation (rental cost)? \$ _____

What is this tenant’s current Total Rent Arrearage between March 1, 2020 up to the date of this certification?
(Do **NOT** include any arrearage for months prior to March 1, 2020 and any late fees in the total.) \$ _____

Landlord Printed Name

Landlord Signature

Date