

RENTAL ASSISTANCE PROGRAM

The Rental Assistance Program provides financial assistance to Chicago residents to prevent homelessness due to eviction. The program is designed to stabilize individuals and families in their existing rental units.

WHO CAN RECEIVE THESE SERVICES?

Persons who may be eligible include households that are at immediate risk of homelessness. The household must document a temporary economic crisis beyond its control or displacement due to Gender Based Violence, Fire, Flood or Court Order to Vacate unit due to inhabitability. The application must be submitted with the last 90 days of crisis. The applicant must also be able to demonstrate an ability to meet the prospective rental obligations after the assistance has been granted based on income.

INCOME ELIGIBILITY REQUIREMENTS

- Household must have an annual income below 30% of area median income at intake
- Household does not have sufficient resources or support network immediately available to prevent them from moving to an emergency shelter or another place not meant for human habitation.

WHAT SERVICES ARE PROVIDED?

Rental Assistance is provided through DFSS Community Service Centers.

ASSISTANCE MAY INCLUDE:

- Payment of rent arrears to prevent eviction, and/or payment of rent (up to 3 months). Assistance will not include payment of late fees.
- Payment of security deposit (applies to fire or flood, court order to vacate, or gender-based violence only)
- Supportive services to prevent homelessness:
 - ✓ Job preparation/employment services
 - ✓ Counseling
 - ✓ Follow-up
 - ✓ Case management

WHAT DOCUMENTS ARE REQUIRED?

To complete your Rental Assistance Application, you must submit the following documents:

- 1. DOCUMENTATION OF EVICTION:
 - Acceptable documentation:
 - ✓ Notarized 5-day eviction notice

AND ONE OF THE QUALIFING EMERGENCIES:



• Temporary loss of income:

- \checkmark Letter from employer signed and dated on letterhead
- ✓ Documentation of hospitalization due to injury/illness
- ✓ Benefits statement showing termination of unemployment compensation

• Fire or flood:

- ✓ Chicago Fire Department report
- ✓ Department of Public Health report
- ✓ American Red Cross documentation
- ✓ Insurance company claim form

• Court order to vacate:

- √ Foreclosure or eviction documentation (case-by-case basis)
- ✓ Department of Buildings vacate order

• Gender Based Violence:

- ✓ Report from police, doctor, or counselor
- ✓ Self-attestation that household is fleeing/attempting to flee domestic violence

2. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS & OVER

All household members 18 years and over must provide proof of income for the past ninety (90) days. If there is no income, a No Income Affidavit (provided by DFSS) must be completed at the time of application.

Acceptable documentation:

- ✓ Current Public Aid Income (amount must be stated)
- ✓ Social Security Income/Supplemental Security Income (current award letter)
- ✓ Paycheck stubs (covering 90 days) or employer's letter on letterhead giving gross monthly income
- ✓ Current Unemployment benefit documents
- ✓ Pension/Annuity documents
- ✓ Current Child support documents

3. IDENTIFICATION

Acceptable documentation:

- ✓ Valid Driver's License or State ID for all household members 18 years and over
- ✓ Social Security card for all members of the household including children
- ✓ Documentation for children 17 years and under:
- ✓ Birth Certificate
- ✓ IDHS Medical Card
- ✓ CityKey ID
- ✓ Valid email address



4. HOUSING INFORMATION

Acceptable documentation:

✓ Current lease 6 months or longer (No Month to Month)

5. PROPERTY OWNER/MANAGER INFORMATION

Property Owners:

PROPERTY OWNER MUST NOT BE A RELATIVE OF APPLICANT OR LIVE IN THE HOUSEHOLD OF THE APPLICANT

- ✓ Complete and sign the Property Owner/Management Company Participation Agreement Form
- ✓ Provide proof of ownership (property tax statement)
- ✓ Complete a Request for Taxpayer Identification Number and Certification (IRS Form W-9)
- Rental unit must meet minimum habitability standards/lead screening as defined by HUD.
 Unit inspection will be conducted virtually by ALL CHICAGO

In addition to the items listed above, Property Managers must provide ONE of the following:

- ✓ Provide proof of management company's agreement with property owner
- ✓ Property Manager Affidavit on property management company letterhead & attach business card

PROPERTY OWNERS AND MANAGERS: PLEASE NOTE THAT PAYMENT WILL BE MADE AFTER SUCCESSFUL COMPLETION OF MANADORY UNIT INSPECTION.

6. PROPERTY OWNER/MANAGER CLIENT PAYMENT AGREEMENT

✓ Individual and property owner/manager must complete the Property Owner/Manager Client Payment Agreement Form if more than three (3) months of rent is owed.

Please Note: Additional forms may need to be completed at the time of application.

^{*}The Chicago Department of Family & Support Services reserves the right to modify or eliminate any of the terms/requirements of the Rental Assistance Program. Rental Assistance Program funding is subject to availability and all applications are prioritized on a first come first serve basis. To check the status of your application please contact the center where the application was submitted.



RENTAL ASSISTANCE PROGRAM Property Owner/Management Company Participation Agreement

residents who, because of an emergency, are at risk of losing their directly to the property owner/management company. To successfully apply for the Rental Assistance Program, the applicant A valid picture ID and Social Security cards (or affidavit if applicant A document that proves the need for emergency assistance	t and/or arrears (amount based on monthly rent) to low-income Chicago permanent housing. If the application is approved, funds will be mailed int (your tenant) must provide the following information*: **plicable*) for household members 18 years and over property owner/management company, and emergency (disaster, sudden loss of income, court ordered vacates, t) from paying rent. **t on their own after receiving emergency assistance (evidence of future)
The Rental Assistance Program provides up to three (3) month's rentesidents who, because of an emergency, are at risk of losing their directly to the property owner/management company. To successfully apply for the Rental Assistance Program, the applicant A valid picture ID and Social Security cards (or affidavit if application of the Adocument that proves the need for emergency assistance	t and/or arrears (amount based on monthly rent) to low-income Chicago permanent housing. If the application is approved, funds will be mailed int (your tenant) must provide the following information*: **policable*) for household members 18 years and over property owner/management company, and emergency (disaster, sudden loss of income, court ordered vacates, t) from paying rent. **t on their own after receiving emergency assistance (evidence of future)
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	emergency (disaster, sudden loss of income, court ordered vacates, t) from paying rent. to n their own after receiving emergency assistance (evidence of future)
Documentation that explains the nature of the	nt on their own after receiving emergency assistance (evidence of future
domestic violence) that kept the application (tenan	
 Proof that the applicant (your tenant) will be able to pay rer income OR action plan to increase income prepared by DFSS ca 	
• A <u>Current Lease</u> signed by both parties (applicant (your tenant)	and property owner/management company)
	must also provide a signed affidavit (sample provided by DFSS) on the
company's letterhead and a business card with property manage	
for purposes described above and understand that using funds for ot must be refunded to the tenant within 45 days after the tenant has converged to indemnify and hold harmless the City of Chicago, its Lagents, against any and all claims arising from the performance of accomplication does not mean approval. A letter will be mailed by the DFS The Department of Family & Support Services (DFSS) reserves the righthout prior notice.	You agree to use the funds issued by DFSS her purposes is a prosecutable offense. The total of the security deposit completed vacated the unit less any amount necessary to pay the owner. Department of Family and Support Services, its officers, employees and stivities outlined in this agreement. You understand that completion of an SS indicating the approval or denial of this application. In an entity or eliminate any of the terms/requirements outlines above the company must complete all sections and sign below agreeing to the
Applicant (Tenant) Name:	Property Owner/Management Company:
Address:	Address:
Telephone	City, State
Zip Code:	Zip Code
Monthly rent:	Telephone:
Rent Past Due Amount:	Rental Assistance Check Payable to:
*No late fees or additional incidentals will be paid	
DFSS District Manager Signature	Date

Date

Property Owner/Manager Signature

Rev. 11/24



PROPERTY MANAGER AFFIDAVIT

(Sample - Do not complete this form - Complete on Company Letterhead)

l,	_, state
(Name of Affiant) on oath that:	
1. I am the authorized representative, agent or property manager for the	
(Name of Property Management Company)	
(Address)	
 The above-named Property Management Company has granted me the a participate in the City of Chicago Department of Family and Support Servic ("DFSS") Rental Assistance Program. 	=
 I am authorized to sign the Rental Assistance Program Participation Agre and am authorized to agree to its terms on behalf of the Property Managem Company. 	
4. I acknowledge that in order to participate in the Rental Assistance Progra required to submit the following documentation along with this signed Affic	
a. The completed affidavit letter photocopied on the Property Manag Company's letterhead.	gement
b. A business card from the Property Management Company.	
c. A completed and signed Property Owner/Management Company Participation Agreement.	
d. A completed and signed W-9.	
Dated this day of	,20
Signature of Affiant	



PROPERTY OWNER/MANAGER - CLIENT PAYMENT AGREEMENT

This form must be completed if client owes more than (3) month's rent payment.

PAYMENT AGR	EEMENT
(Property Owner/Manager) And(Client	agree
that the client will make the following payments for total	al amount due: \$
☐ If rent due is more than 3 months, the balance of \$	§ will be due by
(mm/dd/yy)	
or	
over a period ofmonths.	
(Please pick one: specify a date balance is due or list	st amount of month's payment will be made)
☐ If back rent is due, the balance of \$	will be due by
(mm/dd/yy)	
or	
over a period ofmonths.	
(Please pick one: specify a date balance is due or lis	st amount of month's payment will be made)
Property Owner/Manager Signature	Date
Client Signature	- Date



INSTRUCTION SHEET FOR PROPERTY OWNER/MANAGER – CLIENT PAYMENT AGREEMENT

Please print legibly (except for signatures)

Property Owner/Manager Name	Enter name as check should be made out (either property owner or management company)
Client Name	Enter name as it is on RAP application
Total Amount Due	Enter total amount of rent due (do not include late fees, garage or parking fees)
Payment Plan	Both parties must select the plan as it relates to their situation.
Signatures & Dates	Both parties must sign and date the agreement
Distribution	Original agreement must be placed in client's file Provide copies to both the client and property owner/manager

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

-	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.				- 10-				
	Business name/disregarded entity name, if different from above									
n page 3.					certa	4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):				
oe.	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC				Exem	Exempt payee code (if any)				
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				code	Exemption from FATCA reporting code (if any)				
Ğ.	Other (see instructions)				(Applies	to accour	ıts maintaiı	ned outsia	le the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. Requester				er's name	s name and address (optional)					
03	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
	our TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to av	roid	Social se	curity r	number				
backup withholding. For individuals, this is generally your social security number (SSN). Ho resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For entities, it is your employer identification number (EIN). If you do not have a number, see He			or a) -]=[
TIN, la		a nambor, occinento go		or						
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identification is				numbe	r					
Number To Give the Requester for guidelines on whose number to enter.										
Part	II Certification									
	penalties of perjury, I certify that:									
2. I am Serv	number shown on this form is my correct taxpayer identification nur not subject to backup withholding because: (a) I am exempt from b ice (IRS) that I am subject to backup withholding as a result of a fail onger subject to backup withholding; and	ackup withholding, or (b) I have r	not been r	otified	by the	Intern	al Rev d me ti	renue hat I am	
	I am a U.S. citizen or other U.S. person (defined below); and									
4. The	FATCA code(s) entered on this form (if any) indicating that I am exer	mpt from FATCA reportin	ng is corr	ect.						
you ha acquisi other tl	cation instructions. You must cross out item 2 above if you have been we failed to report all interest and dividends on your tax return. For real ention or abandonment of secured property, cancellation of debt, contribution in the certification, an interest and dividends, you are not required to sign the certification,	estate transactions, item 2 utions to an individual retir	does no ement ar	t apply. For rangemen	or mort t (IRA),	gage in and ge	nterest enerally	paid, , paym	nents	
Sign Here	Signature of U.S. person ►		Date ►							
Ger	eral Instructions	• Form 1099-DIV (difunds)	vidends,	including	those	from s	tocks	or mut	ual	
Section noted.	references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (proceeds) 	(various 1	ypes of ir	icome,	prizes	, awar	ds, or	gross	
related	 ure developments. For the latest information about developments ted to Form W-9 and its instructions, such as legislation enacted or they were published, go to www.irs.gov/FormW9. 									
	ose of Form	• Form 1099-S (prod						negot:	one)	
-		• Form 1099-K (mer			•	•			•	
informa	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	1098-T (tuition)	•							
	individual taxpayer identification number (ITIN), adoption	•	Form 1099-C (canceled debt) Form 1099-A (aggregation or change property)							
taxpay (EIN), t	er identification number (ATIN), or employer identification number or report on an information return the amount paid to you, or other	 Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident 								

amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

alien), to provide your correct TIN.

later.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

Appendix C

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development

OMB Approval No. XXXX-XXX

Exp. XX/XX/2XXXX

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is recei	ived by victim:
2. Name of victim:	
3. Your name (if different from view	ctim's):
4. Name(s) of other family membe	er(s) listed on the lease:
5. Residence of victim:	
6. Name of the accused perpetrato	or (if known and can be safely disclosed):
7. Relationship of the accused perp	petrator to the victim:
8. Date(s) and times(s) of incident((s) (if known):
10. Location of incident(s):	
In your own words, briefly describ	pe the incident(s):
,	
This is to certify that the information knowledge and recollection, and that domestic violence, dating violence, s	a provided on this form is true and correct to the best of my the individual named above in Item 2 is or has been a victim of sexual assault, or stalking. I acknowledge that submission of falsem eligibility and could be the basis for denial of admission, i.
Signature	Signed on (Date)

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.