



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 uninhabitability. 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 QUALIFYING EMERGENCIES:

• **Temporary loss of income:**

- ✓ 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**

Dear Property Owner/Management Company:

Your tenant _____ residing at _____ is applying to the Department of Family and Support Services (DFSS) for Rental Assistance Program for the # of months for year: _____. The Rental Assistance Program provides up to three (3) month's rent and/or arrears (amount based on monthly rent) to low-income Chicago residents who, because of an emergency, are at risk of losing their permanent housing. If the application is approved, funds will be mailed directly to the property owner/management company.

To successfully apply for the Rental Assistance Program, the applicant (your tenant) must provide the following information*:

- A **valid picture ID and Social Security cards (or affidavit if applicable) for household members 18 years and over**
- A **document that proves the need** for emergency assistance
 - Eviction papers or a notarized 5-day notice from a property owner/management company, **and**
 - Documentation that explains the nature of the emergency (disaster, sudden loss of income, court ordered vacates, domestic violence) that kept the application (tenant) from paying rent.
- **Proof that the applicant (your tenant) will be able to pay rent** on their own after receiving emergency assistance (evidence of future income OR action plan to increase income prepared by DFSS case manager and client).
- A **Current Lease** signed by both parties (applicant (your tenant) and property owner/management company)
- **This agreement signed by you, the property owner/management company and a copy of proof of ownership (property tax statement)**. If you are a Property Management Company, you must also provide a signed affidavit (sample provided by DFSS) on the company's letterhead and a business card with property manager's name.

By signing this Property Owner/Management Company Participation Agreement, you agree to participate in the Rental Assistance Program. You agree to immediately cease all eviction proceedings when you receive written notification from DFSS that the Emergency Rental Assistance application is approved. You agree to accept rental assistance on behalf of the applicant (your tenant) and to use the approved funds to cover rent owed for the # of months for the year: _____. You agree to use the funds issued by DFSS for purposes described above and understand that using funds for other purposes is a prosecutable offense. The total of the security deposit must be refunded to the tenant within 45 days after the tenant has completed vacated the unit less any amount necessary to pay the owner. You agree to indemnify and hold harmless the City of Chicago, its Department of Family and Support Services, its officers, employees and agents, against any and all claims arising from the performance of activities outlined in this agreement. You understand that completion of an application does not mean approval. A letter will be mailed by the DFSS indicating the approval or denial of this application.

***The Department of Family & Support Services (DFSS) reserves the right to modify or eliminate any of the terms/requirements outlines above without prior notice.**

Instructions: Applicant (the tenant) and Property Owner/Management Company must complete all sections and sign below agreeing to the terms/requirements outlined above.

<p>Applicant (Tenant) Name: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Zip Code: _____</p> <p>Monthly rent: _____</p> <p>Rent Past Due Amount: _____</p> <p align="center">*No late fees or additional incidentals will be paid</p>	<p>Property Owner/Management Company: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip Code: _____</p> <p>Telephone: _____</p> <p>Rental Assistance Check Payable to: _____</p>
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DFSS District Manager Signature

Date

Property Owner/Manager Signature

Date



PROPERTY MANAGER AFFIDAVIT

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

I, _____, state
(Name of Affiant) on oath that:

1. I am the authorized representative, agent or property manager for the

(Name of Property Management Company)

located at _____
(Address)

2. The above-named Property Management Company has granted me the authority to participate in the City of Chicago Department of Family and Support Services (“DFSS”) Rental Assistance Program.

3. I am authorized to sign the Rental Assistance Program Participation Agreement form and am authorized to agree to its terms on behalf of the Property Management Company.

4. I acknowledge that in order to participate in the Rental Assistance Program, I am required to submit the following documentation along with this signed Affidavit:

- a. The completed affidavit letter photocopied on the Property Management Company’s letterhead.
- 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 AGREEMENT

_____ And _____ agree
(Property Owner/Manager) (Client)

that the client will make the following payments for total amount due: \$_____.

If rent due is more than 3 months, the balance of \$_____ will be due by
_____ (mm/dd/yy)

or

over a period of _____ months.

(Please pick one: specify a date balance is due or list 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 of _____ months.

(Please pick one: specify a date balance is due or list 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

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 received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____
5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed):

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____
10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

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.