DOH
Department of Housing

Chicago Emergency Rental Assistance Program (ERAP)

Paper Application – Tenant Portion

Getting Started

1. Date: _____

2. This application is for:
   - ☐ Myself
   - ☐ Someone else

3. Has anyone in the household experienced any of the following COVID-19 employment related impacts? Check all that apply. You must select at least one.
   - ☐ Laid off/Furloughed
   - ☐ Hours reduced
   - ☐ Unemployed for more than 90 days
   - ☐ Lost job
   - ☐ Unable to work in order to care for self or others
   - ☐ Employer closed business due to public health order
   - ☐ Reduced business (if self-employed)
   - ☐ Unable to work because of underlying condition vulnerable to COVID-19

Details

Please provide details about yourself as the primary applicant.

4. First Name: _____

5. Last Name: _____

6. Email Address: _____

7. Phone Number: _____

8. Date of Birth (MM/DD/YYYY): _____

9. Address: _____

10. Apt/Unit Number: _____

11. Ethnicity

☐ Non-Hispanic/Non-Latinx

☐ Hispanic/Latinx

☐ Prefer Not to Answer

12. Race

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Multiple races

☐ White

☐ Prefer Not to Answer

13. Gender

☐ Man

☐ Woman

☐ Non-binary/Non-conforming

14. Disability (Optional)

☐ Yes

☐ No

☐ Prefer Not to Answer

15. Veteran (Optional)

☐ Yes

☐ No

☐ Prefer Not to Answer

Household

Please provide details about each member of your household.

16. Total Number of People in Household: _____

17. First Name: _____

18. Last Name: _____

19. Date of Birth (MM/DD/YYYY): _____

20. First Name: _____

21. Last Name: _____

22. Date of Birth (MM/DD/YYYY): _____

23. First Name: _____

24. Last Name: _____

25. Date of Birth (MM/DD/YYYY): _____

26. First Name: _____

27. Last Name: _____

28. Date of Birth (MM/DD/YYYY): _____

29. First Name: _____

30. Last Name: _____

31. Date of Birth (MM/DD/YYYY): _____

32. First Name: _____

33. Last Name: _____

34. Date of Birth (MM/DD/YYYY): _____

35. First Name: _____

36. Last Name: _____

37. Date of Birth (MM/DD/YYYY): _____

Identity Verification for Household Members

Each member of the household over the age of 18 will need to verify their identity by attaching a copy of proper identification.

Acceptable proof of identity includes:

- Passport
- Drivers License
- CityKey
- State ID
- US Employment Authorization Card
- Permanent Resident Card
- Consular ID
- Any other US- or foreign-issued government ID

If the proof of identity includes the current address, it can also be used for proof of address.

If the proof of identity does not include the current address, acceptable proof of address documents can include:

- Utility, telephone, or internet bill
- Bank or credit card statement
- Lease
- Other documents including both the full name and address

38. Name: _____

39. Proof of Identity Document Type: _____

40. Proof of Address Document Type: _____

41. Name: _____

42. Proof of Identity Document Type: _____

43. Proof of Address Document Type: _____

44. Name: _____

45. Proof of Identity Document Type: _____

46. Proof of Address Document Type: _____

47. Name: _____

48. Proof of Identity Document Type: _____

49. Proof of Address Document Type: _____

50. Name: _____

51. Proof of Identity Document Type: _____

52. Proof of Address Document Type: _____

Income Verification

Applying for the Emergency Rental Assistance Program requires verification of household income in order to ascertain if the applicant is eligible for financial assistance.

To proceed, you must:

- Provide an income document
- List your income
- Sign your name

Income Documents

Proof of income documents may include:

- A letter from an employer
- An unemployment award letter
- Pay stubs
- Form 1040 or other filed tax form
- W-2
- Bank statement (showing a reduction in earnings)
- Other documents showing income amount

If none of these is available, you may sign the Income Attestation Form at the end of this application.

Income Amount

To be eligible for this program, you must earn less than the amounts listed below.

You may report your income as:

- Your total 2020 income
- Your monthly income at the time of application times 12

Household

Size	Income Limit
1	$52,200
2	$59,650
3	$67,100
4	$74,550
5	$80,550
6	$86,500

53. Name: _____

54. Income Document Type: _____

55. Income Type:

☐ 2020 Annual

☐ Current Monthly

56. Income Amount: _____

57. Signature: _____

58. Name: _____

59. Income Document Type: _____

60. Income Type:

☐ 2020 Annual

☐ Current Monthly

61. Income Amount: _____

62. Signature: _____

63. Name: _____

64. Income Document Type: _____

65. Income Type:

☐ 2020 Annual

☐ Current Monthly

66. Income Amount: _____

67. Signature: _____

68. Name: _____

69. Income Document Type: _____

70. Income Type:

☐ 2020 Annual

☐ Current Monthly

71. Income Amount: _____

72. Signature: _____

Rental and Utility Assistance

Complete the table below for all months for which you owe rent and/or late fees. You may request up to three months of future rent assistance.

73. Rent Document (attach)

☐ Notice of Past due Rent

☐ Eviction Notice

☐ Current Lease

☐ Other

☐ Certification by Self (if this option is selected you will only be eligible for three months of assistance)

Month	Monthly Rent	Amount Already Paid	Other Assistance	Late Fees	Amount Owed
June 2020					0
July 2020					0
August 2020					0
September 2020					0
October 2020					0
November 2020					0
December 2020					0
January 2021					0
February 2021					0
March 2021					0
April 2021					0
May 2021					0
June 2021					0
July 2021					0
August 2021					0
TOTAL AMOUNT OWED					0

Complete the table below for all months for which you owe utility payments. You may request up to three months of future utility assistance.

74. Utility Type: _____

75. Utility Provider: _____

76. Account Number: _____

77. Utility Bill (attach)

Month	Billed Amount	Amount Already Paid	Other Assistance	Late Fees	Amount Owed
June 2020					0
July 2020					0
August 2020					0
September 2020					0
October 2020					0
November 2020					0
December 2020					0
January 2021					0
February 2021					0
March 2021					0
April 2021					0
May 2021					0
June 2021					0
July 2021					0
August 2021					0
TOTAL AMOUNT OWED					0

Complete the table below for all months for which you owe utility payments. You may request up to three months of future utility assistance.

78. Utility Type: _____

79. Utility Provider: _____

80. Account Number: _____

81. Utility Bill (attach)

Month	Billed Amount	Amount Already Paid	Other Assistance	Late Fees	Amount Owed
June 2020					0
July 2020					0
August 2020					0
September 2020					0
October 2020					0
November 2020					0
December 2020					0
January 2021					0
February 2021					0
March 2021					0
April 2021					0
May 2021					0
June 2021					0
July 2021					0
August 2021					0
TOTAL AMOUNT OWED					0

Complete the table below for all months for which you owe utility payments. You may request up to three months of future utility assistance.

82. Utility Type: _____

83. Utility Provider: _____

84. Account Number: _____

85. Utility Bill (attach)

Month	Billed Amount	Amount Already Paid	Other Assistance	Late Fees	Amount Owed
June 2020					0
July 2020					0
August 2020					0
September 2020					0
October 2020					0
November 2020					0
December 2020					0
January 2021					0
February 2021					0
March 2021					0
April 2021					0
May 2021					0
June 2021					0
July 2021					0
August 2021					0
TOTAL AMOUNT OWED					0

Landlord Details

86. Landlord or Property Management Company Name: _____

87. Contact Name: _____

88. Contact (Complete at least one)

    ☐ Email: _____

    ☐ Phone: _____

Signature

I agree that all the information I have submitted is correct and I have the authority to sign this application.

_____   _____

Name   Date Signed (MM/DD/YYYY)