**COVER SHEET INSTRUCTIONS - GENERAL INFORMATION**

**REQUEST FOR DISASTER RENTAL ASSISTANCE**

Pursuant to the Governor’s Declaration of State of Emergency, rental assistance is available for those who have been financially impacted by the disaster.

**What is this form and how is it used?**

The Disaster Rental Relief Form - Tenant Relief Declaration is used to request rental assistance during an emergency or disaster for those who have been financially impacted or experiencing a hardship as a result.

This form can be used to communicate with your landlord or agencies who provide rental assistance.

**Who uses this form?**

A resident who has been impacted by an emergency or disaster and is unable to pay all or a portion of their rent who needs to request rental assistance or a payment plan.

**Why is this form used?**

This form is used during an emergency or disaster to document when a resident has been financially impacted or experiencing a hardship to communicate with your housing provider when you are unable to pay all or a portion of your rent due an emergency or disaster. You may also use this form to request rental assistance from local or state agencies.

**Where do you keep this form?**

You should keep a copy of this form in a safe, secure place. Your housing provider will also keep a copy for their records. In addition, copies of this form may be shared with local or state agencies who may be able to provide rental assistance.

**Where do I send this form?**

Within two business days after receiving the Disaster Rental Relief Form - Tenant Relief Declaration, complete, sign and return to your housing provider (landlord or property manager).

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **THIS IS NOT AN EVICTION NOTICE**

**Disaster Rental Relief Form - Tenant Relief Declaration**

Pursuant to the Governor’s Declaration of State of Emergency, rental assistance may be available for those who have been financially impacted by the disaster.

It is our intention to process this request as quickly as possible since we understand how difficult things are for everyone at this time, including our valued residents. Please return your completed form within two business days to your housing provider at the address listed below.

**I am requesting Tenant Disaster Rental Relief for the month(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The total monthly amount for rent and recurring charges is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Resident Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bldg. \_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_

Phone (Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tenant Declaration:**

I certify that I have been affected by the current disaster for which the Governor has declared a State of Emergency and authorized the use of this form.  I am not able to make my regular monthly payment because of this disaster, therefore:

* I cannot afford to pay any part of my monthly rent; I am requesting to defer all of my monthly rent for the current month.
* I cannot afford to pay all of the monthly rent that is due but I agree to repay any monies deferred and can pay as follows:

Amount I owe: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount I am able to pay: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount I wish to defer: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Provider Contact Information (Address where Rent is Paid)**

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

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

Phone (Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To ensure payment is properly credited to the correct resident’s account include the following information on the check:**

Check shall be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I UNDERSTAND THAT I STILL OWE THE MONIES LISTED ABOVE AND I AGREE TO WORK IN GOOD FAITH WITH MY HOUSING PROVIDER ON A PAYMENT PLAN UNLESS THE STATE OF WASHINGTON ISSUES DIRECT RENTAL REIMBURSEMENT PAYMENT FOR THE TOTAL AMOUNT OWED.

I, the undersigned, declare under penalty of perjury, under the laws of the State of Washington, that the information and documents provided are true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Signature City and State Date