



The Emergency Rental and Utility Assistance Program was established in response to COVID pandemic financial impact to Gilbert residents, funded through the U.S. Consolidated Appropriations Act of 2021. The program provides financial assistance to households financially impacted by COVID for rent and utility assistance to prevent eviction and homelessness.

If you have questions, please call 480-898-0228 or email www.savethefamily.org for assistance.

Who Qualifies?

- Town of Gilbert Resident (cannot assist if you live on a County Island in Gilbert)
- Impacted by COVID (loss of job, reduced hours, medical expenses, etc.)
- Household Monthly Gross Income is at or below 80% median as shown below:
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# of Household Members	Gross Income not to exceed (50%)	Gross Income not to exceed (80% AMI)
1	\$2,304	\$3,688
2	\$2,633	\$4,217
3	\$2,963	\$4,742
4	\$3,292	\$5,267
5	\$3,558	\$5,604
6	\$3,821	\$6,113
7	\$4,083	\$6,533
8	\$4,345	\$6,954

According to the Consolidated Appropriations Act of 2021, applications for rental/utility assistance must be given **priority** for households financially impacted by COVID whose household income falls within one of the following:

- any adult household member has been unemployed for the last 90 days or longer due to COVID
- the total household income is at or below 50% Area Median Income

These applications will be processed first. You will be contacted within 14 days of receipt of application and all required documentation. Duplicate applications may delay the review of your application.

Required documentation that will need to be submitted with the completed application:

**** please gather your documentation before you start your application**

- Picture ID for Applicant
- Proof of income for all household members (**last 60-days**)
 - Current and consecutive paystubs
 - Self-employment income – business ledger
 - Social Security or Disability – current benefit letter
 - Retirement/Pension Income – statement
 - Unemployment – award letter and printout of payment history
 - Child Support and Alimony current history print out
 - Cash Assistance – DES benefit letter
 - Other (home daycare, support from family/friends) – statement from the provider
- Current Lease Agreement (all pages)
- Addendum for any expired leases noting the month-to-month terms
- Current Utility Bill (Town of Gilbert, utilities, SRP, and/or Southwest Gas)

NOTE:

- If you are unable to attach required documentation to your application, you may:

Email: www.savethefamily.org or Fax: 480-898-0228, ext.
- Landlord must agree to accept payment on your behalf
- Assistance is based on availability of funding

If you are in need of assistance to complete the paper application or the online application, you may visit Save the Family (125 E. University Drive, Mesa, AZ 85201), Monday – Friday, 8:00am-4:30pm.

Landlord applying on behalf of their tenant

The guidance from the U.S. Treasury for the 2021 Emergency Rental and Utility Assistance Program allows landlords and property owners to aid tenants in applying for assistance. If landlords apply for rental assistance on behalf of their tenant, the tenant must sign a “Consent Form”, the landlord must enter the tenant and household information on the application and provide required documentation for eligibility (see list above).

RENTAL & UTILITY ASSISTANCE APPLICATION
Save the Family

Please complete the following application for rent and utility assistance. Part VII will need to be completed for each adult and child that lives in the household. Additionally, Part VIII will need to be completed for each utility you are seeking assistance for.

PART I: APPLICANT CONTACT INFORMATION AND ADDRESS			
FIRST NAME	LAST NAME	M.I.	DATE OF BIRTH
EMAIL ADDRESS		EMAIL TYPE	
		<input type="checkbox"/> Personal <input type="checkbox"/> Other <input type="checkbox"/> Work	
PHONE NUMBER		PHONE TYPE	
		<input type="checkbox"/> Home <input type="checkbox"/> TTY <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Business	
PREFERRED METHOD OF CONTACT Please check 1 option.			
<input type="checkbox"/> Any <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail/Letter			
CONTACT PREFERENCES Please check all that apply.			
<input type="checkbox"/> Do not call <input type="checkbox"/> Do not email <input type="checkbox"/> Text Opt-In			
Are you experiencing homelessness?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been evicted from your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a sheltered place to sleep?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HOUSING TYPE Please check 1 option.			
<input type="checkbox"/> Apartment <input type="checkbox"/> Foster Care <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Duplex/Triplex/Fourplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Prefer not to answer			
HOUSING PAYMENT TYPE Please check 1 option.			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Subsidized <input type="checkbox"/> No Payment <input type="checkbox"/> Prefer not to answer			
RESIDENTIAL ADDRESS			
STREET 1		UNIT/APT/LOT	
STREET 2			
CITY	STATE	ZIPCODE	
Is your mailing address the same as your residential address?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

MAILING ADDRESS Please enter if mailing address is different from residential address.		
STREET 1	UNIT/APT/LOT	
STREET 2		
CITY	STATE	ZIPCODE

PART II: APPLICANT DEMOGRAPHICS

GENDER SELF-IDENTIFY AS Please check all that apply.

<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Non-Binary/Non-Conforming	<input type="checkbox"/> Prefer to self-describe
<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Do not identify with a gender	<input type="checkbox"/> Prefer not to answer

If selected "Prefer to self-describe," please enter your response: __

RACE AND ETHNICITY Please check all that apply.

<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic, Latino, or Spanish	<input type="checkbox"/> Other Ethnicity: _____
<input type="checkbox"/> Indigenous Peoples, Native American, or Alaskan Native	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

MILITARY STATUS Please check **1** option.

<input type="checkbox"/> Child of a veteran	<input type="checkbox"/> I am a veteran
<input type="checkbox"/> Spouse of a veteran (Living or Deceased)	<input type="checkbox"/> I am not a veteran
<input type="checkbox"/> I am currently on active duty	<input type="checkbox"/> Prefer not to answer

PARENTAL STATUS Please check **1** option.

<input type="checkbox"/> Two-parent household	<input type="checkbox"/> Primary caregiver with custody
<input type="checkbox"/> Single-parent household with joint custody	<input type="checkbox"/> Primary caregiver without custody
<input type="checkbox"/> Single-parent household with sole custody	<input type="checkbox"/> Foster parent
<input type="checkbox"/> Grandparent with custody of child	<input type="checkbox"/> No children under 18

HIGHEST GRADE COMPLETED Please check **1** option.

<input type="checkbox"/> Pre-K	<input type="checkbox"/> First	<input type="checkbox"/> Third	<input type="checkbox"/> Fifth	<input type="checkbox"/> Seventh	<input type="checkbox"/> Ninth	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Second	<input type="checkbox"/> Fourth	<input type="checkbox"/> Sixth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Tenth	<input type="checkbox"/> Twelfth

HIGHEST CREDENTIAL/ POSTSECONDARY LEVEL COMPLETED Please check 1 option.			
<input type="checkbox"/> None completed	<input type="checkbox"/> Vocational/Technical Degree	<input type="checkbox"/> Professional Degree	
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Doctorate Degree	
<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> 1+ years of Postsecondary Education	<input type="checkbox"/> Master's Degree		
LIVE WITH A DISABILITY		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DISABILITY If you are living with a disability, please check all that apply.			
<input type="checkbox"/> Cognitive/Learning (Includes Speech Disorders)	<input type="checkbox"/> Mobility/Physical		
<input type="checkbox"/> Head Injury (Includes Acquired and Traumatic)	<input type="checkbox"/> Spinal Cord Injury		
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision		
<input type="checkbox"/> Invisible (Includes Chronic Pain and Sleep Disorders)	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Mental Health/Psychological Condition	<input type="checkbox"/> Prefer not to answer		
HAVE INSURANCE			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
ENGLISH PROFICIENCY	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
ADDITIONAL LANUAGES	PROFICIENCY	PRIMARY LANGUAGE	TRANSLATOR NEEDED
	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART III. APPLICANT EMPLOYMENT STATUS			
EMPLOYMENT STATUS Please check 1 option.			
<input type="checkbox"/> Student w/ No Employment	<input type="checkbox"/> Employed thru Casual/Contract Work	<input type="checkbox"/> Unemployed and Job Searching	
<input type="checkbox"/> Student w/ Part-Time Employment	<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Unemployed and not Job Searching	
<input type="checkbox"/> Student w/ Full-Time Employment	<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Retired	
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Furloughed		
If you are currently unemployed, what caused your unemployment? Please check 1 option.			
<input type="checkbox"/> Home or Family Responsibilities	<input type="checkbox"/> Relocation Unemployment (Recent Move)		
<input type="checkbox"/> Experiencing Ill Health or Disability	<input type="checkbox"/> Re-entering the Workforce (Did not work for a period of time)		
<input type="checkbox"/> Laid Off (Involuntary Unemployment)	<input type="checkbox"/> Voluntary Unemployment (Resigned to seek other opportunities)		
<input type="checkbox"/> Terminated (Involuntary Unemployment)	<input type="checkbox"/> Seasonal Unemployment		
<input type="checkbox"/> Newly Entering the Workforce (Recent Graduate)	<input type="checkbox"/> Furloughed		
UNEMPLOYED SINCE (DATE)		QUALIFY FOR UNEMPLOYMENT BENEFITS	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
JOB SEARCHING	MIGRANT WORKER	SEASONAL FARM WORKER	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART IV. COVID-19 IMPACT

Have you been financially impacted by COVID-19? Yes No

If you selected "Yes," how have you been financially impacted by COVID-19?

Experienced a reduction or loss of income Expenses unexpectedly increased

Experienced a reduction or loss of income: What caused a reduction or loss of income? Please check all that apply.

- A job offer made prior to COVID-19 was rescinded
- I was terminated from employment/laid off
- I was furloughed
- My work schedule was reduced by my employer
- I am self-employed and my business has been affected/closed
- I had to quarantine because I am at higher risk for severe illness from COVID-19
- I had to quarantine due to COVID-19 illness or exposure
- I had to care for someone else who was quarantined due to COVID-19 risk or exposure
- I had to care for a dependent child or disabled/vulnerable adult
- Other (please describe): _____

Expenses unexpectedly increased: How have your expenses unexpectedly increased? Please check all that apply.

- I have day care expenses due to school or day care closures for a dependent adult or child
- I have medical expenses due to COVID-19 illness not covered by insurance
- I am unable to attend senior/community centers to obtain previously received basic living necessities
- Other (please describe): _____

PART VI. RENTAL ASSISTANCE			
Are you seeking rental assistance?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
SEEKING ASSISTANCE WITH			
<input type="checkbox"/> Monthly Payment		<input type="checkbox"/> Move-In Deposit	
If seeking RENTAL ASSISTANCE, have you received an eviction notice?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
MONTHS SEEKING ASSISTANCE AND AMOUNT DUE Please check all that apply.			
MONTH	AMOUNT DUE	MONTH	AMOUNT DUE
<input type="checkbox"/> January	January: \$	<input type="checkbox"/> July	July: \$
<input type="checkbox"/> February	February: \$	<input type="checkbox"/> August	August: \$
<input type="checkbox"/> March	March: \$	<input type="checkbox"/> September	September: \$
<input type="checkbox"/> April	April: \$	<input type="checkbox"/> October	October: \$
<input type="checkbox"/> May	May: \$	<input type="checkbox"/> November	November: \$
<input type="checkbox"/> June	June: \$	<input type="checkbox"/> December	December: \$
If seeking assistance with a MOVE-IN DEPOSIT, what is your move-in address?			
STREET 1			UNIT/APT/LOT
STREET 2			
CITY	STATE	ZIPCODE	

PART VII. UTILITY ASSISTANCE Please complete for each utility seeking assistance for.		
Which utility are you seeking assistance for? Please check 1 option.		
<input type="checkbox"/> Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Electric <input type="checkbox"/> Sewer <input type="checkbox"/> Trash
UTILITY STATUS Please check 1 option.		
<input type="checkbox"/> Currently Shut Off	<input type="checkbox"/> Notice of Delinquency/Disconnect	<input type="checkbox"/> Past Due (In Arrears) <input type="checkbox"/> Utility Payment Current
UTILITY COMPANY		
SEEKING ASSISTANCE WITH		
<input type="checkbox"/> Utility Payment		<input type="checkbox"/> Utility Deposit
If seeking assistance with a UTILITY PAYMENT, what is the amount due for your most recent bill?		\$
If seeking assistance with a UTILITY DEPOSIT, what is the amount due for your utility deposit?		\$
MONTHS SEEKING ASSISTANCE Please check all that apply.		
<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September
<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October
<input type="checkbox"/> March	<input type="checkbox"/> July	<input type="checkbox"/> November
<input type="checkbox"/> April	<input type="checkbox"/> August	<input type="checkbox"/> December
NAME LISTED ON UTILITY ACCOUNT		ACCOUNT NUMBER
If seeking assistance with a UTILITY DEPOSIT, what is your MOVE-IN address?		
STREET 1		UNIT/APT/LOT
STREET 2		
CITY	STATE	ZIPCODE

PART X. APPLICANT SIGNATURE

I authorize Save the Family and/or its delegate agency to contact any source necessary to establish the accuracy of the information given by me. Further, I authorize any landlord or utility company, to which payment of credit on my behalf may be made, to release information regarding my account including, but not limited to, billing information to Save the Family and or/its delegate agency.

I attest that the information I have provided in this application is true and correct to the best of my knowledge. This includes information regarding household members, income, property, contact details, and all other items provided. I am aware that I may be required to submit additional documentation at a later date, which may be used to determine my eligibility for services.

Printed Name

Date

Signature