

Homeless Prevention / Temporary Hardship Rent Assistance

APPLICATION INSTRUCTIONS



IF YOU ARE A RESIDENT OF CITY OF CHAMPAIGN TOWNSHIP, DO NOT PROCEED WITH THIS APPLICATION, INSTEAD APPLY FOR ASSISTANCE THROUGH THE CITY OF CHAMPAIGN TOWNSHIP WEBSITE: <https://cctownship.com/apply-assistance/>

1. Review the **Eligibility Guidelines** before proceeding.

NOTE: If you have received rent assistance through the RPC, City of Champaign Township, or Cunningham Township Supervisor's Office in the last 2 years, you will not be eligible for rent assistance.

2. Complete the "Champaign County Rental Assistance Application." Be sure to answer every single question. Sign the Applicant Statement on the final page of the application.
3. Complete the "Consent to Release Information."
4. Review the "Client Rights and Responsibilities" and sign Acknowledgment on page 2.
5. Collect the "Required Documentation" to include with your application.

REQUIRED DOCUMENTS TO SUBMIT WITH YOUR APPLICATION FOR RENT ASSISTANCE:

- Rent assistance application - (Be sure to answer every question).
- Copy of photo ID for all adults in household.
- Copy of social security cards for all household members, or VISA/immigration # for primary applicant.
- Proof of **all** income for the last 30 days. (child support, SSI, SSDI, unemployment, TANF)
- Current signed lease and rent ledger from landlord (reflecting late rent and other fees).
- Proof of hardship, such as receipts for medical cost, change of employment, change of household composition, etc.

DO NOT SUBMIT ORIGINALS OF YOUR PERSONAL DOCUMENTS- PROVIDE COPIES.



6. Submit the completed Application, Consent to Release Information, Acknowledgement of Client Rights and Responsibilities, and all Required Documentation at one of the following drop box locations.

Place all application materials in an envelope and label the envelope “RENT ASSISTANCE.”

DROP BOX LOCATIONS:

Regional Planning Commission
1776 E. Washington Street
Urbana, IL 61802

Illinois Worknet Center
1307 N. Mattis Ave
Champaign, IL 61821

Community Services Center
520 E Wabash Ave
Rantoul, IL 61866

Or MAIL to: Regional Planning Commission
1776 E. Washington Street
Urbana, IL 61802
Attn: RENT ASSISTANCE (TW)

Upon receiving your Application and **all** Required Documentation, you will be contacted by an RPC employee. Applications will be processed in the order in which they are received. Completing an application does not guarantee that you will receive assistance.



Homeless Prevention / Temporary Hardship Rent Assistance

ELIGIBILITY GUIDELINES

1. Applicant must reside within Champaign County.
2. Applicant must have a verifiable source of recurring income.
3. Applicant's rent can **NOT** exceed half of their household monthly gross income, unless they receive a fixed income as their only source.
4. Applicant must have a verifiable, temporary, cause of hardship beyond their control.
5. Applicant household income must be at or under 200% of the federal poverty guideline (CHART BELOW).
6. Applicant has not received rent assistance from a program partner (Champaign County Regional Planning Commission, City of Champaign Township, nor Cunningham Township) in the past 2 years.
7. The amount of the assistance is based on household need but is generally the equivalent of one month of rent.

Funds **will not** be immediately available, as applications must be reviewed and verified.

200% FEDERAL POVERTY GUIDELINES (2020)

Family Size	200% of Poverty Annual Income	200% of Poverty 30 Day Income
1	\$27,180	\$2,265
2	\$36,620	\$3,052
3	\$46,060	\$3,838
4	\$55,500	\$4,625
5	\$64,940	\$5,412
6	\$74,380	\$6,198
7	\$83,820	\$6,985
8	\$93,260	\$7,772

For family units with more than 8 members, add \$9,440.00 for each additional member to arrive at yearly amounts for 200%.

CHAMPAIGN COUNTY RENTAL ASSISTANCE APPLICATION

For Office Use Only			
<input type="checkbox"/> CCRPC	<input type="checkbox"/> Cunningham Township	<input type="checkbox"/> City of Champaign Township	
<input type="checkbox"/> Rent Assistance	<input type="checkbox"/> Rent Past Due	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Appointment

Applicant Name: _____ Date: _____

First
Middle
Last

Mailing Address: _____

Street
Apt #
City
Zip Code

Phone: _____ DOB: _____ E-mail: _____

SSN: _____ VISA/Immigration #: _____

Are you a US Military Veteran?

- Yes
- No
- Client Refused
- Client Doesn't Know

Gender

- Male
- Female
- Other: _____

Race/Ethnicity:

- American Indian or Alaskan Native?
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Client Refused

Hispanic/Latino:

- Yes
- No

Highest Level of Education

Are you currently working?

- Yes
- No

Do you speak English?

- Yes
- No

Domestic Violence Victim/Survivor:

- Yes
- No
- Client Refused

When did DV last occur?

- Within the past 3 months
- 3-6 Months Ago
- 6 months to 1 year ago
- 1 year or more ago
- Client Refused

Applied for Rent Assistance Before?

- Yes
 - No
- If yes, when? _____
 If yes, where? _____

INCOME AND SOURCES

Source of Income	Receiving income?		Monthly Gross amount
Earned income (money earned from a job)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI/SSDI/Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
General Assistance (GA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Child support / Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other source: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Total monthly income from all sources:			\$

NON-CASH BENEFITS

Source of non-cash benefit	Receiving benefit	
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Nutrition Program for Woman, Infants, and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 8, Public Housing, or other rental assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other source: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CURRENT EMPLOYMENT

Family Member	Name/Address of Employer	Type of Work	Monthly Wage (gross)	Start Date	Hours / Week	Date of Hire

EMPLOYMENT HISTORY

Family Member	Name/Address of Employer	Type of Work	Monthly Wage (gross)	Start Date	Hours / Week	Reason for Leaving

EMPLOYMENT INFORMATION

If you are not working, why not? _____

If you are looking for work, what kind of work are you seeking / would you enjoy?

HOUSEHOLD COMPOSITION

List all person(s) who are/will be living in your household. You must use the legal name for each member of your household as it appears on their Social Security Card or Birth Certificate. **PLEASE PRINT**

Name	Social Security Number	Date of Birth	Relationship to Head of Household
Race	Hispanic/Latino (Y/N)	Veteran (Y/N) ***	Gender
Health Insurance Provider	Disabled? (Y / N)		

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Living Situation

If Homeless

Current situation: Staying with family or friends Motel/hotel Shelter
 Place not meant for human habitation Other _____

How long have you been there? _____

How much do you pay to stay there: \$ _____ Weekly Monthly As able

Where were you living before becoming homeless?

Address: _____

City and State: _____

Why did you leave that place? Evicted Domestic Violence Other: _____

Have you found a rental unit to move into? No Yes Address: _____

City/State: _____

Landlord Name/Phone: _____

If Housed

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

How long have you lived at your current address? _____ Months _____ Years

Number of times in the past 12 months you had difficulty paying rent: _____ times

All Applicants

Have you lived in public housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a "Section 8" voucher or subsidized housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have reliable transportation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you need childcare?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a yearly lease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a 5-day or 10-day notice?	Expiration Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you receive a court ordered eviction notice?	Expiration Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Court Date:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever received an eviction notice?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you owe past due power/utility bills?	Amount Owed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are your power/utility bills included in your rent?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you receive LIHEAP assistance?		<input type="checkbox"/> No <input type="checkbox"/> Yes

Why is it difficult to pay rent this month?

Emergency Medical bill (need proof of recently paid bill)
 Emergency car repair bill (need proof of recently paid bill)
 Funeral bill (need proof of recently paid bill)
 Hours cut/laid off/terminated (need letter from employer)
 School tuition (need proof of recently paid bill)
 Medical leave (need letter from employer and/or doctor)
 Other hardship (per manager's approval)
 Deposit expenses (need paid receipt/ letter from landlord)

APPLICANT REPORT

Please describe your hardship. Our program requires documentation of hardship, such as proof of bill payment, employment documents, letters from physicians, and landlord communications.

What have you done to "cut back" or come up with rent money already?

Are there any other areas of your life that you would like help with? We can use this information to make referrals.

RENT ASSISTANCE REQUEST

ASSISTANCE PROVIDED IS DETERMINED BY THE AVAILABILITY OF FUNDS WHEN APPLICATION IS PROCESSED.

How much is your total monthly rent obligation? \$ _____

Total amount of assistance that you are requesting: \$ _____

If approved, payment will be made directly to the landlord.

- I understand that some funders may require that my apartment undergo a Health & Safety Inspection
- I certify that the information presented above is true and accurate.
- I understand that to lie or mislead in order to obtain assistance is a fraudulent offense for which I can be prosecuted.
- I understand that the above information will be entered into a database as required by the funder for reporting purposes.

Signature of Applicant: _____

Date: _____



Cunningham Township
 Danielle Chynoweth, Supervisor
 205 WEST GREEN ST • URBANA, IL 61801
 (217) 384-4144 • FAX: (217) 367-7063
 WWW.CUNNINGHAMTOWNSHIP.ORG



CHAMPAIGN COUNTY
 REGIONAL PLANNING
 COMMISSION



Consent to Release Information

Date: _____ Name: _____ DOB: _____

I, the above named, give permission for staff members at the Cunningham Township, City of Champaign Township, and Champaign County Regional Planning Commission to contact, obtain, and share information with the following organizations:

(Please strike through any organization you do not want contacted).

Regional Planning Commission	Daily Bread Soup Kitchen
Housing Authority of Champaign County	Salt and Light
Champaign-Urbana Tenant Union	Phoenix House/CU at Home
Rosecrance	Habitat for Humanity
PACE: Center for Independent Living	Austin's Place
First Followers	Courage Connection
Salvation Army	Restoration Urban Ministries
Cunningham Children's Home	Crisis Nursery
City of Champaign Township	Empty Tomb
Cunningham Township	Urbana School District
Champaign County Health Care Consumers	Champaign School District
Landlord Name:	

Other: _____

By signing this release form, you allow Cunningham Township, City of Champaign Township, and/or Champaign County Regional Planning Commission to assist you with advocacy, obtaining information, and/or communicating with others involved in your case. We will work closely with you to ensure that you approve of our actions on your behalf. You can also withdraw this agreement at any time by contacting us. Thank you!

Signature: _____ Date: _____

Witness: _____ Date: _____

CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION COMMUNITY SERVICES DIVISION

CLIENT RIGHTS

Clients participating in the programs of the Champaign County Regional Planning Commission (RPC) Community Services Division have the following rights:

- The right to be treated with dignity and respect.
- The right to accept or refuse services offered.
- The right to referral, as appropriate, to other service providers.
- The right to receive services regardless of your sex, race, age, sexual orientation, national origin, ancestry or marital status.
- The right to services in a safe and caring environment.
- The right to participate in the development and maintenance of your service plan.
- The right to review and obtain a copy of your record. If you disagree with any part of the record, you may enter a written statement of your objections into the record.
- You have a limited right to confidentiality. Personal information about you and the services you receive is private and may be shared with someone else only if allowed by you in a signed release with the exception of mandated reporting or if ordered by the court.
- You have the right to have disabilities accommodated as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Illinois Human Rights Act [775 ILCS 5].
- You have a right to use RPC's grievance procedure regarding decisions about your services. Any individual served through a CCRPC program may express dissatisfaction with the services received by initiating a complaint. If you wish to initiate the grievance process, you should contact the Program Manager.

Champaign County Regional Planning Commission (CCRPC) Community Services Division staff, interns and volunteers are Mandated Reporters under the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5), Illinois Abused and Neglected Long Term Care Facility Residents Reporting Act (210 ILCS 30), and Illinois Adult Protective Services Act (320 ILCS 20).

CLIENT RESPONSIBILITIES

As a client of Champaign County Regional Planning Commission (RPC) Community Services Division, you have the responsibility to:

- Conduct yourself in a manner appropriate to a community setting.
- Respect personal, physical, and property rights of other RPC clients and staff.
- Participate in all aspects of your services. Services may be discontinued for failure to do so.
- Keep scheduled appointments or cancel them at least 24 hours in advance.
- Notify staff of changes that may affect your services (contact information, employment status, family size, etc.).

**ACKNOWLEDGEMENT OF
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION
COMMUNITY SERVICES DIVISION
CLIENT RIGHTS AND RESPONSIBILITIES**

Client Name: _____ D.O.B.: _____

I have read my Rights and my Responsibilities, staff have also explained them to me, and I understand and agree to the content.

Client Signature: _____ Date: _____
(12 years or older)

Parent / Guardian Signature
(if applicable) _____ Date: _____