

**EMERGENCY RENTAL ASSISTANCE PROGRAM  
INTAKE FORM**

Applicant / Head of Household Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Did you receive an eviction notice? \_\_\_\_\_ If yes, provide the date you received the notice: \_\_\_\_\_

When is your next court date? \_\_\_\_\_ Case No. \_\_\_\_\_

Did you or anyone in the home become unemployed after March 1, 2020? \_\_\_\_\_

Has anyone in your household received unemployment benefits within the last 90 days? \_\_\_\_\_

In what ways have you been financially impacted by COVID-19? Please choose all that apply.

- Childcare/virtual learning needs caused additional expenses (including costs of internet and computer).
- Was unable to work due to childcare/homeschooling needs
- Transportation costs due to being unable to use public transportation
- Moving
- Employer reduced hours or closed
- Positive COVID-19 test or received a directive to quarantine
- Healthcare expenses, including care at home for individuals with COVID-19
- Expenses from purchasing personal protective equipment
- Other: \_\_\_\_\_

**Required Documentation:** You will eventually be required to provide a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.

**COVID-19 IMPACT STATEMENT:** Briefly describe how and in what way your household has experienced financial hardship because of COVID-19.

**EMERGENCY RENTAL ASSISTANCE INTAKE FORM**  
**(continued)**

Have you applied for and/or have received rental assistance from any of the following programs?

- STL City CARES
- Missouri SAHFR
- I have not applied for rental assistance through either of these programs.

**Landlord Information – if unknown, leave blank**

1. Landlord or Property Management Name:

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2. If known, please provide Landlord or Property Management Street Address, Zip Code, State:

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3. If known, please provide Landlord or Property Management phone number:

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4. If known, please provide Landlord or Property Management email:

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5. What date does your lease end?

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**EMERGENCY RENTAL ASSISTANCE INTAKE FORM (continued)**

**HOUSEHOLD COMPOSITION**

List all persons residing in your household:

<b>HOUSEHOLD COMPOSITION</b>				
HH #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)
HoH			Head of Household	
2				
3				
4				
5				
6				
7				
8				

**HOUSEHOLD INCOME**

List the **GROSS (pre-tax) income for ALL household members ages 18 and older.**

<b>MONTHLY HOUSEHOLD INCOME</b>				
HH #	(A) Employment or Wages (including overtime, bonuses, commissions & tips)	(B) Social Security, Retirement or Disability Benefits	(C) Unemployment, TANF or other Public Assistance	(D) Other Income
HoH				
<b>TOTALS</b>	\$	\$	\$	\$
Add totals from (A) through (D), above				<b>TOTAL INCOME (E):</b>
				\$

**EMERGENCY RENTAL ASSISTANCE INTAKE FORM (continued)**

HOUSEHOLD DEMOGRAPHICS			
Race		Ethnicity	
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Not Hispanic or Latino
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Choose Not to Disclose
<input type="checkbox"/>	White	Gender	
<input type="checkbox"/>	Other	<input type="checkbox"/>	Female
<input type="checkbox"/>	Choose Not to Disclose	<input type="checkbox"/>	Male
<input type="checkbox"/>		<input type="checkbox"/>	Non Binary
		<input type="checkbox"/>	Other
		<input type="checkbox"/>	Choose Not to Disclose

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

\_\_\_\_\_  
Signature of Applicant / Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Additional Adult Household Member (if applicable)

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

Submit this application in 1 of 2 ways:

- Email: Send completed application to [211cares@stl.unitedway.org](mailto:211cares@stl.unitedway.org)
- Mail: Mail completed application to the Department of Human Services, 1520 Market Street, #4065, St. Louis, MO, 63102.