

**STL CITY CARES RENT / MORTGAGE PROGRAM
RENTER & HOMEOWNER PRE-APPLICATION**

HOUSEHOLD INFORMATION

Applicant (s) Name: * _____

Applicant (s) Address: * _____

City, State, Zip: * _____ Ward #: * _____

Daytime Phone Number: * _____ Email: * _____

Evening Phone Number: * _____ Age of Applicant/Head of Household _____

Primary language of the applicant: _____

(Optional) Does the applicant/head of household have a disability? If yes, explain briefly. _____

Are you a Renter or Homeowner (check one only)

Lease Effective Dates: * _____ to _____

Number of Permanent Household Residents: * _____

Monthly Rent Amount: * \$ _____ or Monthly Mortgage Amount: * \$ _____

Amount of Late/Missed Rent/Mortgage payment (payments due before March 1, 2020 is not eligible): *
\$ _____

List month(s) with late/missed Rent/Mortgage payments between Mar 1, 2020 and December 30, 2020:

- Have you received an eviction notice? *
Yes No
- If you have received an eviction notice, has your eviction date been scheduled? Provide the date if possible. _____
- Would you like Eviction Mediation and Legal services?
Yes No

Send completed application to STLCityCARES@stlouis-mo.gov

STL City CARES applicants will be notified of receipt of application.

LANDLORD/MORTGAGE LENDER INFORMATION

Landlord/Mortgage Lender Name: * _____

Landlord/Mortgage Lender Address: * _____

City, State, Zip: * _____ County: * _____

Phone Number: * _____ Email: * _____

Questions:

1. Do you have either a written or oral rental lease agreement with your landlord? *

Written Oral

2. Did you become unemployed after March 1, 2020 as result of the COVID-19 pandemic? *

Yes No

3. What was the date of separation from your employer?

4. Have your work hours or wages been reduced as a result of the COVID-19 pandemic? *

Yes No

5. Applicant must have a documented loss of income due to COVID-19 (layoffs or furlough notice, reduction of hours, business closed, required to quarantine, caring for school age children, etc.) Please explain how coronavirus impacted your income.

By signing below, I acknowledge and understand that all information provided to the City of St. Louis for STL City CARES assistance must be true and no false information has been provided.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

Send completed application to STLCityCARES@stlouis-mo.gov

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