

Virginia Rent and Mortgage Relief Program (RMRP)
TENANT/HOMEOWNER APPLICATION

Date of Application: _____ Unique Identifier: _____ (Agency)
 Property Name (if applicable): _____

HOUSEHOLD INFORMATION

Please enter the following information for the primary tenant/homeowner:

Last name: _____ First name: _____
 Address: _____ Unit #: _____
 City: _____ State: Virginia Zip Code: _____
 County/City: _____
 Phone: _____ Email: _____

Total Household Monthly Gross Income (Must attach supporting documentation as identified on page 3)	\$	
Number of Individuals in Household	Ages 0-8	Ages 35-44
	Ages 9-17	Ages 45-54
	Ages 18-24	Ages 55-64
	Ages 25-34	Ages 65 & over
	Ages 35-44	TOTAL
	Household's Income AMI	<input type="checkbox"/> At or Below 30% AMI
	<input type="checkbox"/> 51-80% AMI	<input type="checkbox"/> Over Income
Is Household at or below 80% AMI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The determination of income includes any unemployment insurance received by a member of the household but does not include one-time payments such as a stimulus check. Income limits are available via the following link: <https://www.huduser.gov/portal/datasets/il.html>.

The Tenant/Homeowner has experienced a loss of income due to the COVID-19/Coronavirus pandemic. Please select the reason(s) for loss of income below:

- Laid off
- Place of employment has closed
- Reduction in hours of work
- Must stay home to care for children due to closure of day care and/or school
- Reduction or elimination of child or spousal support
- Not able to work and/or missed hours due to contracting COVID-19
- Unable to find work due to COVID-19
- Unwilling or unable to participate in their previous employment due to their high risk of severe illness from COVID-19
- Other – describe _____

RENT/FUNDING – MORTGAGE/FUNDING INFORMATION

RMRP payment for rent includes fees and utilities that are charged to the tenant as part of the rent and listed within the lease agreement. RMRP payment for mortgage excludes property taxes and homeowners insurance.

Tenant’s Monthly Rent/Homeowner’s Mortgage Monthly Payment Amount	\$															
Number of Bedrooms in Rental Unit																
Tenant’s Rent/Homeowner’s Mortgage Payment Amount is at/below 150% FMR	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Amount of Past Due Rent/Mortgage Owed (Enter the amount of past rent/mortgage due for each month and indicate total amount in bottom right)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">April</td> <td style="width: 25%;">September</td> </tr> <tr> <td></td> <td>May</td> <td>October</td> </tr> <tr> <td></td> <td>June</td> <td>November</td> </tr> <tr> <td></td> <td>July</td> <td>December</td> </tr> <tr> <td></td> <td>August</td> <td>TOTAL</td> </tr> </table>		April	September		May	October		June	November		July	December		August	TOTAL
	April	September														
	May	October														
	June	November														
	July	December														
	August	TOTAL														
Current Month’s Amount of Rent/Mortgage Due	\$															
TOTAL AMOUNT of Rent/Mortgage Needed and Requested from RMRP (Amount of Past Due Rent/Mortgage Owed + Current Month’s Amount of Rent/Mortgage Due)	\$															

DEMOGRAPHIC INFORMATION

Please enter the following information for the primary tenant/homeowner:

Race (check only one)

- Multi-Racial
- American-Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Don't know/refused

Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino
- Don't know/refused

SUPPORTING DOCUMENTS ATTACHED

Please check all that apply.

- Lease (only the pages of the current lease that specify the tenant’s information, rent amount, and all signatures)
- Tenant Ledger and Associated Fees
- Income verification – check the document(s) attached:
- Check stubs from employer
- Letter from employer
- Bank statement
- Unemployment insurance statement
- SSI/SSDI verification
- Child support/alimony verification
- Zero Income Certification form
- Other: _____
- Attachment B: Virginia RMRP Household Eligibility Certification Form (Agency)
- Attachment C: Virginia RMRP Landlord and Tenant Household Agreement (Landlord)

TENANT/HOMEOWNER CERTIFICATION

I certify that the information I have provided in applying for RMRP assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of subsidy, financial assistance for rent during the same time period with CARES Act, or other federal, state, or local funding.

Print name of Tenant/Homeowner Tenant/Homeowner signature Date

(If applicable) I further certify that the third party identified below has my consent to sign RMRP documents on my behalf:

Print name of authorized representative Authorized representative signature

Determination of eligibility completed by:

Print name of Staff Person Staff Person’s Signature Date

Return by email: hotlinefinancialassistance@forkids.org