



APPLICATION FOR ASSISTANCE

*COMPLETED applications should be sent to: van@unitedwaynsv.org along with ALL supporting documents. Applicants will have 5 days to submit all required documentation. In the title of the Email, write: Your First Initial, Last Name, "CARES APPLICATION". Submitting an application does not guarantee assistance.

Please note: A written signature is required. If you are unable to print this application, you may pick one up at United Way NSV (329 N. Cameron Street, Winchester, VA 22601) during business hours, please call ahead of time to ensure someone is available 540-536-1610.

HOUSEHOLD INFORMATION:

Please enter the following information for the primary renter or homeowner.

Name: _____

Address: _____ City: _____ Zip: _____

Total # of people in household: _____

Check one: I live in _____ the City of Winchester
_____ Frederick County

Phone # _____ Best time to contact: _____

I am requesting assistance help with (check all that apply)

___ Rent Assistance

___ Mortgage Assistance

___ Utility assistance

Household's Total Monthly Income: \$ _____

COMPLETE ONLY IF APPLYING FOR RENT/MORTGAGE ASSISTANCE:

Financial assistance can cover current and previous balances plus associated late fees as long as it incurred after March 1, 2020.

Monthly Rent or Mortgage Payment: \$ _____

Number of Bedrooms: _____

Total Amount of Past Due rent or mortgage owed and for what months: \$ _____

Name of Landlord: _____

Landlord's Phone # _____

Landlord's Address (where to mail payment): _____

Have you applied the RMRP Program through People Incorporated? _____

If yes, what is the status of your application? _____

Have you received assistance from the Virginia Rent and Mortgage Relief Program (RMRP)? _____

If yes, provide details on when and how much was covered: _____

COMPLETE ONLY IF APPLYING FOR UTILITY ASSISTANCE:

Financial assistance can cover current and previous balances plus associated late fees as long as it incurred after March 1, 2020. You may be eligible to receive assistance from more than one utility provider.

Name of Utility Company: _____

Account Number: _____

Total Amount Owed: \$ _____

Have you received a Disconnect Notice? _____

List any additional utility needs: _____

SUPPORTING DOCUMENTS

Gather and submit ALL required documents with your application. You will have 5 business days to provide these documents. Failure to do so will delay processing your application. Funding is limited and not guaranteed. All documentation will be verified to determine eligibility.

A detailed list of acceptable documents can be found at: <https://www.unitedwaynsv.org/cares-act-rent-and-utilities-assistance-program>

	Proof of residency
	Proof of Income Loss, Reduced Hours or other financial hardship due to COVID-19
	FOR RENTAL ASSISTANCE - Rent ledger/statement
	FOR UTILITY ASSISTANCE – Statement from utility provider
	FOR MORTGAGE ASSISTANCE – Statement form mortgage company
	Proof of income
	W-9 Form (For rent and mortgage assistance only)
	Application Form

RENTER/HOMEOWNER CERTIFICATION: WRITTEN SIGNATURE REQUIRED

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

Print Name of Applicant

Applicant' Signature

Date

