

Emergency Financial Assistance Application Rental Assistance

Name of Resident Applicant: _____ Date: _____

Address of dwelling:	
Name of Property/Complex:	
Name of Owner/Authorized Representative:	
• Phone number:	()
• Other contact information:	
Exact amount due:	\$ _____ for _____ \$ _____ for _____ \$ _____ for _____
Check payable to:	
Special request for check memo:	

Please **select** your preferred form of payment delivery.

____ We will mail the check to the address you have provided.

____ The owner or manager may pick up the check at West Valley Community Services, upon showing photo ID.

____ The check will be released to the tenant to hand deliver to the owner/authorized representative.

I, _____ agree that the rent will be accepted from West Valley Community Services as a third party check (unless otherwise noted). Furthermore, I agree that once payment is received, the tenant will be able to maintain housing for the duration of time agreed upon through the payment. I understand that payment will be delivered by the method I have selected.

Signature of owner/authorized representative

____/____/_____
Date

Thank you for your cooperation. If you have any questions, please call:

Case Manager Name

Phone Number

This section to be completed by Case Manager:

County Assessor verified: _____ Date: _____

Landlord/Owner information verified by: _____ Date: _____