

Application for a Star-C Eviction Relief Fund

Provided that you have a history as a tenant in good-standing with the apartment community in which you reside (as determined by your landlord), and you have a temporary hardship which is preventing you to fully pay your monthly rent, your landlord may qualify you for a one-time rental-matching scholarship of 50% of outstanding rental due up to \$750 per month or a total of \$1,500, funded by Star-C Programs:

First/Middle/Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Property Name: _____

Street Address: _____

City/State/Zip: _____

County: _____

Time Living at Property: _____

When does your lease expire: _____

Email Address: _____

Phone Number _____

Including yourself, how many total adults (over age 18) are living with you in your household:

of Dependent Children/Ages/Schools _____

of Children Enrolled in Star-C Afterschool Program: _____

Monthly Rent: _____

Amount You Must Match: (half of Monthly Rent) _____

Proof of Match: _____

Temporary Hardship Description: _____

Evidence of Hardship: Please attach a doctor's letter for medical hardships and or evidence of financial hardship such as furlough, termination papers or unemployment application

What is your plan to be able to pay your rent yourself going forward? _____

By signing this application, I affirm that the above information is true and complete and authorize Star-C to contact current or former employers, my landlord or other persons for additional confirmation. I understand that completing this application does not guarantee that I will receive a rent scholarship and that funding is based on numerous factors including funding availability of Star-C - a 501(c)3 non-for-profit. I authorize Star-C Programs to disclose pertinent information (except my name and street address) to market this rental assistance program to foundations, donors and social media for funding. I also agree to allow Star-C to follow up with me or my landlord to keep metrics on the success of the program.

Signature of Tenant

Date Submitted to Landlord

By signing this form, I affirm that I have reviewed the above tenant information, that it is true and correct, and the tenant has an active lease at the above referenced property. If the rental scholarship is approved, I will apply it to the tenant's account once their matching payment clears.

Manager Signature: _____
Date Submitted to Star C

Property Mgr. Name _____

Property Mgr. Email _____

Property Mgr. Phone Number _____

Payment Address
if approved: _____

Qualifications for Tenant Application

Rent Qualification – this program is intended for those residences whose monthly rent does not exceed \$1,650 per month (maximum based on 80% of average median income)

Landlord must be willing to participate in rent assistance with a signed agreement with Star C's Eviction Relief Program

Awards from the Relief Fund will be paid out as available based on committee evaluation of need and availability of donated funds

Star-C Programs shall, at its sole discretion, offer financial assistance **subject to the availability of donated funds**, and verification that you are experiencing a temporary hardship. Other qualifiers are used to determine your eligibility including your ability to match at least a portion of the outstanding monthly rent due. Star-C shall cancel the payment due to your failure to provide proof that you can match the rental scholarship.