



Rent Relief or Essential Need Assistance Request

Monthly Rent: \$ _____ Total Amount Behind: \$ _____ # of Months Behind: _____

Fees Assessed: \$ _____ (Cannot be paid via this fund) Date Your Rent is Due: _____

Tenant's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Tenant's Email: _____

Landlord's Name: _____ Contact Name: _____

Landlord's Email: _____ Phone: _____

Landlord's Address: _____ City: _____ Zip: _____

Reason for Request: _____

To qualify for this program, your total household income *cannot* exceed 80% of the area median income (see the chart on the next page). By signing this application, you attest that your household makes less than 80% of the median income. You agree that at any time, the Anacortes Family Center may request, and will upon request receive, verifying income information (including tax returns, pay stubs, etc.) Completed applications must accompany a signed contract executed by the Tenant, Landlord and the Anacortes Family Center.

Tenant's Signature: _____ Date: _____

Application Received: _____ Approved: Denied: Reason: _____

Check Issued: Date Mailed: _____ Staff Initial: _____