



Rental Assistance Application

Application Checklist

Please make sure your application is complete.

Applications that are not complete will be sent back and must be turned back in with all needed documents.

Proof of income received in the last 60 days (2 months) for each member 18 years or older.

A copy of your signed rental agreement. (If applying for eviction prevention)

A copy of a notice to vacate or demand payment letter. (If applying for eviction prevention)

Proposed or sample lease at unit you are moving into. (If applying for move in assistance)

Written Proof of a HUD voucher. (if applicable)

The attached application form and Action Plan is filled out completely.

To return your application:

By Mail: 2316 South 6th St
Suite C
Klamath Falls, OR 97601

By Email: rentassist@klcas.org

By Fax: 541-882-3674





Rental Assistance Application

Important: All sections must be completed in order to be considered for Rental Assistance.

Only complete applications will receive a notification to set up an appointment.

Email: _____

Date: _____

Name: _____

Current Residence: _____

Phone: _____

**Requesting: (Check one)
Eviction Prevention**

Do you have a notice to vacate?

Yes No

Are you behind on rent?

If so, how much do you owe?

Monthly Rental Amount:

Is anyone in the household: (check all that apply)
 Pregnant Veteran Fleeing DV
 HCV/Section 8 Holder

Have you exhausted all other available resources?

Deposit Assistance

Have you been approved for a unit?

Yes No

Deposit amount:

Monthly rent amount:

Household Information Name	Date of Birth	SSN:	Monthly Income Amount	Income Source

Contact information for the Landlord we will be making payment to:

Name or Property Management Company: _____

Phone Number: _____ Email: _____

Please initial here if KLCAS has permission to contact your Landlord _____

*By initialing this form, you are giving KLCAS permission to speak with your landlord about your situation.





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<p>What is your current living situation?</p> <p>Renting a Room/ Apartment / House</p> <p>Mobile Home Space Rent</p> <p>Staying with Friends/Family Temporarily</p> <p>Hotel/Motel- With Voucher Without Voucher</p> <p>Literally Homeless (In car, camping, shelter)</p>	<p>Have you experienced: (Check all that apply)</p> <p>Job loss in the past 12 months.</p> <p>Medical event resulting in loss of income?</p> <p>Do you have a Checking/Savings account? Yes No</p> <p>Do you have any assets?</p> <p> Yes No</p>
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Client Signature: _____

*Please note there is a back page you will need to fill out.

*Grievance Policy is available at KLCAS Office





Rental Assistance Application

Rental Assistance Action Plan

I can't pay my rent or deposit right now because...

If I get help from KLCAS, I could...

What steps will you take to ensure your housing stays stable if you receive our assistance?

***If you are currently fleeing domestic violence and are still in an unsafe situation please let us know the safest way to contact you.**

