



ATLStrong COVID-19 Relief Rental Assistance Fund Application

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
DOB _____ Last 4 of SSN _____ Phone No: _____
Street Address: _____ Apt No.: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
Number in household: _____ Number of children in household under 18: _____

Financial Information

1. Did you experience a loss of income as a result of COVID-19? Yes or No (circle)
2. Why did you experience a loss of income as a result of COVID-19?
 - Laid off
 - Reduced Hours
 - Reduced Pay
 - Other: _____
3. What type of assistance are you requesting? Check all that apply.
 - Rental Assistance - Amount of Financial Assistance Requested: \$ _____
 - Utility Assistance - Amount of Financial Assistance Requested: \$ _____
 - Security Deposit -Amount of Financial Assistance Requested: \$ _____
4. What is your current employment status?
 - Full-time
 - Part-time
 - Unemployed
 - Self-Employed
 - Retired
5. Please check off any other types of income or benefits you receive.
 - Social Security Benefits
 - Retirement Income
 - VA Benefits
 - Child Support
 - None
 - Other
6. Current Monthly Income: _____
7. Monthly Income prior to March 1, 2020: _____



Lease Information

8. Monthly Rent Amount: \$ _____ Rent Due Date _____
9. Are you past due on rent?
- Yes
 - No
10. How much is your past due rent? _____
11. Name of Landlord or Property Manager: _____
12. Address of Landlord or Property Manager: _____

Required Documentation

Please provide the following with your application:

1. A valid identification (e.g., driver's license, state ID, military ID, etc.)
2. Proof of rent and/or utility bills. (receipts, invoices, Late or Eviction Notice, etc.)
3. Copy of lease agreement for proof of residence, applicants name must be on the lease. Proof must also contain the property address and the lease term.
4. Provide a **current** paystub, SSD/SSI/SS award letter, bank statement, unemployment, retirement, child support or letter from employer showing amount.
5. Provide February 2020 paystubs, SSD/SSI/SS award letter, bank statements, unemployment, retirement, child support or letter from employer showing amount.
6. Proof of Extenuating Circumstance
Separation/furloughed notice, reduced hours, check stubs showing work hours before and after the onset of the pandemic, verification of sick leave, FMLA, a copy of utility bills showing an increase due to the pandemic, copies of medical bills incurred after the onset of the pandemic, etc.

Note: Quest realizes that many individuals have had hours reduced, been furloughed, or have been terminated because of the impacts due to the COVID-19 crisis. Pay stubs or rent receipts are requested to assist Quest staff in evaluating eligibility.



Please read before signing:

I certify that the information supplied by me is true and correct. I authorize verification of the truthfulness of all information contained herein, including contact with any firm or person listed above, and I fully release all parties from any and all liability for any damage that may result. Any false statement made by me shall be sufficient basis for rejection. I have read and understood the above statements. I acknowledge that this application and any supporting documentation provided with it is the property of Quest Communities.

Signature: _____

Date: _____

Application Submission

Please submit the completed, signed application and required documentation to Sha’Nelle High, shigh@questcommunities.org
For questions, please call: 678-412-8377