



ST. GEORGE  
HOUSING AUTHORITY

Dixie Sun Manor

975 North 1725 West #101 • St. George, Utah • (435) 628-3648 • FAX (435) 986-0960

## EMERGENCY SHELTER GRANT APPLICATION

(Please be advised; this is a once in a life-time grant for Washington County, Utah residents only)

Application Date: \_\_\_\_\_ Rent requested for month of \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

The Emergency Shelter Grant is a **ONCE IN A LIFETIME** assistance program for Washington County Residents. These monies may be used to help pay **up to 50%** (depending on the grant's budgetary constraints) of one month's mortgage or rental payment. This application is for families who are within the income limits of the Extremely low to Very low-income populations. For applicants facing foreclosure, this grant may be used to pay up to 50% one month's mortgage provided that our assistance will bring the mortgage holder completely current. The funds are to be used to prevent families from becoming homeless.

INCOME LIMITS							
Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Income Limit	\$35,250	\$40,300	\$45,350	\$50,350	\$54,400	\$58,450	\$62,450

One important requirement of this program is that the family applying for assistance must be able to prove that once assisted, they can afford to maintain their rent/mortgage payments, **if a family is more than one month behind in their rental or mortgage payment, these funds cannot be used. These funds cannot be used for late fees.**

In order for an application to be processed, all of the attached forms must be filled in completely and accurately, and the following information must be brought to the St. George Housing Authority office:

- ☐ 1. **Proof of all income (3 most recent pay stubs, social security award letter, child support documentation, food stamps, financial assistance, (TANF, bank statements etc.)**
- ☐ 2. **Social Security cards for each household member and picture IDs of all household members 18 years of age and older.**
- ☐ 3. **A lease agreement signed by the landlord and the tenant for at least a six (6) month future period.**
- ☐ 4. **Eviction notices or 3-day notice if applicable.**
- ☐ 5. **Proof of utilities in your name at the unit for which you are applying for assistance. (Not needed if lease states that utilities are included in rent).**

NOTE: COMPLETING THIS APPLICATION IS **NOT** A GUARANTEE OF FUNDING. PROCESSING CAN TAKE UP TO 5 BUSINESS DAYS. **APPLICATIONS MUST BE COMPLETED AND TURNED IN BY THE 25<sup>TH</sup> OF THE MONTH FOR PAYMENT ON THE 1<sup>ST</sup> OF THE NEXT MONTH. ALL OTHER APPLICATIONS MUST BE TURNED IN BY THE 5<sup>TH</sup> OF THE MONTH FOR PAYMENT ON THE 2<sup>ND</sup> TUESDAY OF THE MONTH.**

## EMERGENCY SHELTER GRANT APPLICATION

NOTE: In order to determine eligibility, application must be filled out **completely**, including **ALL REQUESTED DOCUMENTATION**. Please bring to the office, or email to [csghousing@infowest.com](mailto:csghousing@infowest.com). Applications without all required documentation will be disqualified. Please follow up on status of this application within 3 days if emailing.

APPLICANT: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

### ALL household members (including applicant):

NAME	AGE	SEX	SOCIAL SECURITY #
		<i>M F</i>	
		<i>M F</i>	
		<i>M F</i>	
		<i>M F</i>	
		<i>M F</i>	
		<i>M F</i>	

### Total GROSS household income:

SOURCE OF INCOME	AMOUNT PER MONTH

1. Do you currently owe any monies to a subsidized housing complex or housing authority?

☐ No ☐ Yes If yes, how much and to whom? \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been evicted from a subsidized unit? ☐ No ☐ Yes If yes, where and when?

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been arrested or convicted of manufacturing, selling or using illegal drugs?

☐ No ☐ Yes If yes, where and when? \_\_\_\_\_

\_\_\_\_\_

**Reason for requesting assistance:**

☐ Late rent      ☐ Pending eviction      ☐ Relocation      ☐ Other

Please describe, in detail, what is the crisis situation beyond your control that significantly affects your ability to pay mortgage/rent.

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**Reasonable prospect:** Please explain how you will be able to continue to pay mortgage/rent after being assisted:

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Mortgage/Rent payment per month: \$\_\_\_\_\_

Amount owing at the present time: \$\_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

☐ ***I/WE CERTIFY THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE AND COMPLETE AND THAT I/WE HAVE NOT RECEIVED ANY FUNDS FROM THE HOUSING AUTHORITY'S EMERGENCY SHELTER GRANT FUNDS IN THE PAST.***

☐ ***I/WE HEREBY GIVE PERMISSION TO THE PHA TO INFORM THE DEPARTMENT OF WORKFORCE SERVICES AND FIVE COUNTY ASSOCIATION OF GOVERNMENT'S EMERGENCY SHELTER PROGRAMS IF WE ARE GIVEN FUNDS FROM THE PHA AND THE AMOUNT OF FUNDS.***

☐ ***I/WE ALSO UNDERSTAND THAT FILING THIS APPLICATION DOES NOT GUARANTEE FUNDING.***

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** Section 1001 of the Title 18 U.S. Code makes it a criminal offense to make willful, false statements or representations to a Department or Agency of the U.S. government as to any matter within its jurisdiction.

## BUDGET SHEET

### MONTHLY INCOME:

NET PAY (AFTER TAXES)	\$
OVERTIME/COMMISSIONS	\$
BONUSES/TIPS	\$
DIVIDENDS/INTEREST EARNINGS	\$
BUSINESS OR INVESTMENT EARNINGS	\$
PENSION/SOCIAL SECURITY BENEFITS	\$
VETERAN'S BENEFITS	\$
UNEMPLOYMENT COMPENSATION	\$
PUBLIC ASSISTANCE/TANF/FOOD STAMPS	\$
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME	\$
OTHER (PLEASE SPECIFY)	\$
TOTAL MONTHLY INCOME	\$

**To qualify, the income MUST BE MORE THAN the expenses.**

### EXPENSES:

MORTGAGE/RENT	\$
UTILITIES (if paid separately)	\$
FOOD	\$
CLOTHING	\$
DAY CARE/TUITION	\$
CAR LOAN	\$
CAR INSURANCE	\$
GAS/UPKEEP OF CAR	\$
CAR REPAIRS	\$
OTHER TRANSPORTATION: BUS PASS, ETC.	\$
HEALTH CARE/HEALTH INS, RX, COPAYS	\$
DEBT PAYMENTS (credit cards)	\$
ENTERTAINMENT: CABLE/INTERNET/ DINING OUT/NETFLIX ETC.	\$
CELL PHONE	\$
TELEPHONE	\$
RENTAL INSURANCE	\$
OTHER (please specify)	\$
TOTAL MONTHLY EXPENSES	\$

### I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ST. GEORGE HOUSING AUTHORITY  
LAW ENFORCEMENT RECORDS CHECK  
APPLICATION**

The following information is required for a law enforcement record check. **Each applicant and dependent 18 years of age and older must complete a separate form. If there are more than two people over 18 in the household, you must ask for more of this form.**

Full name of applicant: \_\_\_\_\_

Maiden name or AKA's: \_\_\_\_\_

☐ Male ☐ Female Date of birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

**Prospective applicants may not wish to apply if they have been convicted of any drug offense, sex offense, crime of violence or use of a weapon, or any other criminal activity which may indicate a potential hazard or danger to other residents.**

**Please answer the following questions:**

1. Have you ever been arrested for a drug related crime? ☐ No ☐ Yes If yes, where, when and disposition: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been arrested for a sexual offense? ☐ No ☐ Yes If yes, where, when and disposition: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been arrested for a crime involving the use of a weapon, crime of violence or other felonies? ☐ No ☐ Yes If yes, where, when and disposition: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever been arrested for a crime which may indicate a potential hazard or danger to other residents? ☐ No ☐ Yes If yes, where, when and disposition: \_\_\_\_\_

\_\_\_\_\_

**ANYONE REPORTING FALSE INFORMATION ON THIS FORM WILL BE DENIED HOUSING ASSISTANCE.**

I hereby authorize The St. George Housing Authority or its agents to verify the above information and further certify that the information provided herein is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY LANDLORD-ALSO W-9 COMPLETED BY LANDLORD**

**LANDLORD'S NAME AND ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

TENANTS NAME: \_\_\_\_\_

# OF PEOPLE ON LEASE: \_\_\_\_\_

WAS RENTAL UNIT BUILT PRIOR TO 1978? ☐ No ☐ Yes

**RENTAL HISTORY**

Has tenant ever been late with his/her payment: ☐ No ☐ Yes If yes, how often? \_\_\_\_\_

Reason given for being late? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If rent is not caught up this month, will you be evicting tenant/tenants? ☐ No ☐ Yes

Are utilities included in rent amount? ☐ No ☐ Yes

Actual monthly rent amount \$ \_\_\_\_\_

Total rent owed as of this date: \$ \_\_\_\_\_

If a new tenant, have all deposits been paid and utilities turned on in tenant's name? ☐ No ☐ Yes

If not, amount owed for deposit: \$ \_\_\_\_\_

Will lease be for at least a six-month period? ☐ No ☐ Yes

Signature of landlord/manager: \_\_\_\_\_

Date: \_\_\_\_\_