



## Tenant Application for Rent Assistance

Tenant Name		
Tenant Address		
Tenant phone number and email address	Ph:	E:

Do you have a lease or other written agreement?    Yes                  No

Names of all adults 18 years or older living in the home (house, apartment, mobile home, etc)		

Number of youth or children under the age of 18 living in the home \_\_\_\_\_

- This is my primary residence.
- I am requesting that my landlord apply for rental assistance on my behalf for my past due rent.
- My household was unable to pay all or part of our rent because we experienced financial need due to the direct or indirect impacts of the COVID-19 pandemic.
- My household did not receive rental assistance from any other local, state or federal program to pay rent for the months that assistance is needed.

### Certifications and Signature

- I certify that all the information provided herein is true and correct to the best of my knowledge.
- I understand that providing false statements or information is grounds for termination of housing assistance.
- I authorize the State of Colorado and any of its duly authorized representatives to verify all information provided in this application.

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

To promote social distancing the State of Colorado will accept the following in lieu of this signed form: a photo of this signed form faxed, texted or emailed, an email or text from the applicant containing substantially the information on this form.

Contact: [DOLA\\_POP@state.co.us](mailto:DOLA_POP@state.co.us)    To report suspected fraud: [DOLA\\_POPFraud@state.co.us](mailto:DOLA_POPFraud@state.co.us)