



ORANGE COUNTY NORTH CAROLINA

Department of Housing and Community Development

EMERGENCY HOUSING ASSISTANCE APPLICATION

APPLICANT NAME: Click here to enter text.

DATE: Click here to enter text.

HAS THE APPLICANT SPOKEN TO THEIR LANDLORD/UTILITY ABOUT A PAYMENT PLAN?

Yes No *If no, please ask the applicant to do so before applying*

IS A PAYMENT PLAN POSSIBLE? PLEASE EXPLAIN: Click here to enter text.

NUMBER OF ADULTS IN HOUSEHOLD: Click here to enter text.

NUMBER OF CHILDREN IN HOUSEHOLD: Click here to enter text.

GROSS ANNUAL HOUSEHOLD INCOME: Click here to enter text.

TOTAL AMOUNT OF HOUSEHOLD SAVINGS: Click here to enter text.

APPLICANT REFERRAL (SEE ELIGIBLE APPLICANTS LIST BELOW):

Coordinated Entry Agency referral

ELIGIBLE APPLICANTS

Assistance under this activity area is available to households in Orange County that (1) earn no more than 60% of the area median income (AMI), (2) can demonstrate urgent need for housing assistance, and (3) do not have adequate savings to cover their housing costs.

To be referred for assistance, households must either:

- Be assessed through Coordinated Entry (the Housing Helpline) as at risk of or currently experiencing homelessness
- OR**
- Referred by an Orange County Department or local service provider (e.g., Aging, Health/Family Success Alliance, Criminal Justice Resource, Social Services, Community Empowerment Fund, Interfaith Council, Compass Center, etc.)

** Preference will be given to applicants earning under 50% of AMI*

	Household Size							
	1	2	3	4	5	6	7	8
30% AMI	19,100	21,800	24,550	27,250	30,680	35,160	39,640	44,120
50% AMI	31,850	36,400	40,950	45,450	49,100	52,750	56,400	60,000
60% AMI	38,220	43,680	49,140	54,540	58,920	63,084	67,680	72,000

Source: 2020 HUD Income Limits

REFERRING AGENCY (IF APPLICABLE): Click or tap here to enter text.

AMOUNT OF ASSISTANCE REQUESTED: Click or tap here to enter text.

ELIGIBLE COSTS TO BE COVERED:

Application fee Security deposit Utility connection Utility arrears Rent arrears

Mailing Address
P.O. Box 8181
Hillsborough, NC 27278

Main Office
300 W. Tryon Street
Hillsborough, NC 27278

Satellite Office
2501 Homestead Road
Chapel Hill, NC 27516



- Rent payment (specify – for example, first month’s rent): Click or tap here to enter text.
- Other emergency housing-related cost (explain): Click or tap here to enter text.

**In extenuating circumstances, requests for emergency housing-related costs, such as hotel stays or moving costs, will be assessed on a case-by-case basis*

NOTE: Applicants are encouraged to reference current Fair Market Rents (FMRs) when seeking rental housing in order to find housing that is within a reasonable price range.

2020 Fair Market Rents for Orange County, NC

Efficiency	1 BR	2 BR	3 BR	4 BR
\$919	\$934	\$1,088	\$1,461	\$1,645

URGENT NEED FOR ASSISTANCE: Click or tap here to enter text.

Please describe the urgent need for assistance, pertinent information on the client and other household members, and specify how the requested assistance will be used (e.g., “\$200 will be used for a utility deposit and \$950 for a security deposit”).

APPLICANT CONSENT

If completing this application on behalf of someone else, please read the full statement below to the applicant and ask for their verbal consent:

Does the applicant give consent for their personal information, including information on this form and in any attachments, to be shared with the Orange County Department of Housing and Community Development (OCHCD), and with other partner agencies, as needed for OCHCD in order to provide assistance to the applicant?

- Yes No

ADDRESS OF HOUSING UNIT: Click here to enter text.

Please provide the address of the housing unit, as applicable.

PAYEE NAME(S) AND ADDRESS(ES): Click here to enter text.

Please provide the name(s) and address(es) of the landlord/utility provider/etc. to whom the check for assistance should be made payable.

REQUIRED ATTACHMENTS:

- Documentation verifying gross household income (see Income Documentation Checklist)
- Documentation verifying total household savings/assets (see Savings Documentation Checklist)
- Copies of the lease or other documentation from the property manager showing the client has been approved to live at the identified unit and amount of funds needed, as applicable
- Statement or invoice from utility provider, as applicable

INCOME DOCUMENTATION CHECKLIST

Any of the following documents, provided for each adult household member (18 years and older), will be accepted as documentation verifying total gross household income:

- Copy of last two (2) bi-weekly or four (4) weekly paycheck stubs
- Current benefit award letters or other documents that includes name and amount of the benefit
- Bank statement showing income (including biweekly or monthly payroll deposits, rental income, income from business operation, or interest/dividends from assets)
- Signed and dated statement stating all sources of income and total gross income, and certifying that the information presented in the statement is true and accurate to the best of the signer’s knowledge
- Other document not listed above (subject to approval): _____

SAVINGS DOCUMENTATION CHECKLIST

- Bank statement showing all savings/assets (including checking and savings accounts, investment and brokerage accounts, inheritance, trusts, etc.)
- Signed and dated affidavit stating the types and values of all savings/assets, and certifying that the information presented in the affidavit is true and accurate to the best of the signer's knowledge

Notes:

Revised 5/5/20