

Church Community Housing Corporation in partnership with
Newport Partnership for Families and Conexión Latina



Newport County COVID-19 Housing Assistance Grant Application

Funding Provided by **RIHousing HomeSafe Program**

and the

Rhode Island Foundation COVID-19 Response Grant



**RHODE ISLAND
FOUNDATION**

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

CITY/TOWN/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

OF PERSONS IN HOUSEHOLD: _

NAMES OF OTHER HOUSEHOLD MEMBER(S):

Previous Yearly Household Income (Total household income from 2019) Please
attach backup documentation; tax return, or other verifiable income records:
\$ _____

Are you, or any household member, a veteran of the U.S. Armed Forces?
(Optional) Yes _ No _

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Race/Ethnicity (check all that apply):

- White
- Black
- Hispanic
- Asian
- Native American
- Other
- Prefer Not To Say

Cause of Emergency Housing Crisis (Select all that apply):	
<input type="checkbox"/>	Temporary Sickness or Disability
<input type="checkbox"/>	Loss of job and/or income within 6 month period
<input type="checkbox"/>	Move from Shelter to Permanent Housing
<input type="checkbox"/>	Need to Establish New Residence – Domestic Violence
<input type="checkbox"/>	Need to Establish New Residence – Human Trafficking
<input type="checkbox"/>	Need to Establish New Residence – Lead Paint
<input type="checkbox"/>	Need to Establish New Residence – Fire, Other Disaster
<input type="checkbox"/>	Need to Establish New Residence – Code Violations, Condemnation
<input type="checkbox"/>	Need to Establish New Residence – Eviction or Foreclosure

Monthly Household Income, Current and Last 3 months (Include total (anticipated) household income for current month). Please attach backup documentation; paystubs, SSI, Unemployment, or other verifiable income records:

\$	Current Month Income (Including anticipated)
\$	Income Last Month
\$	Income Two Months Prior
\$	Income Three Months Prior

What will requested assistance pay for? (\$2,000 maximum) Checks are paid directly to 3rd party (Please attach documentation demonstrating need; examples provided below):

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	Past Due Rent (landlord letter identifying past due rent)
	Past Due Mortgage (letter from bank)
	Rent late fee(s) (landlord letter or statement showing late fees)
	Mortgage late fee(s) (bank letter identifying late fees)
	Security Deposit (landlord letter indicating security deposit due)
	Moving Expenses (invoice or quote for moving expenses)
	Utility Bill(s)

Evidence of Ability to Maintain Housing Stability (Please attach at least one of the documents below) Select all that apply.

	Pay Stubs for Household Income
	Award Letter (SSI/SSDI)
	Proof of Assets
	Other

Total Assistance Amount (\$2,000 maximum): \$ _____

Recipient(s) Select all that apply:

	Landlord/Property Owner
	Bank/Mortgage Provider
	Utility Company
	Other

Recipient Name (Include the full name(s) of the individual or company that will receive assistance payments.)

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Please note: additional backup documentation may be required following initial review.

I have read this application and the information above, which I have provided, is a true statement of my current situation. I certify that no member of my household has received assistance through RI Housing HomeSafe Program in the last twelve (12) months.

Applicant Signature

Date

Staff Signature

Date

Please submit a completed application along with backup documentation to Aubrey Collins at Church Community Housing Corporation by mail or email:

Mail to: Aubrey Collins
Church Community Housing Corporation
50 Washington Square, Newport, RI 02840

OR

Email: ACollins@CCHCnewport.org

If you have any questions or need any assistance with the application please contact Aubrey by phone @ 401 846 5114 x111 or by email: ACollins@cchcnewport.org.

Para ayuda en Espanol, comuniquese con Conexion Latina Newport al 401-585-8165
