



South Carolina Lt. Governor's Office on Aging
Emergency Rental Assistance Program
1301 Gervais Street, Suite 350
Columbia, South Carolina 29201

APPLICATION FOR RENTAL ASSISTANCE

For questions or assistance, please contact 1-800-868-9095.

The Lieutenant Governor's Office on Aging has been awarded a grant from the South Carolina Housing Finance and Development Authority to administer an emergency rental assistance program throughout the state for persons age fifty-five (55) and older and who are at 150% of the federal poverty level or below. The information provided on this application will be used to determine if you are eligible for assistance. All applicants must be on the lease to apply for assistance.

Funding for the emergency rental assistance program is limited. Assistance is given on a first-come, first-served basis. All applicants should complete all sections of the application and provide proper documentation and identification. Any application that is not completed in its entirety could delay funds. Once an applicant is deemed eligible, funds will be sent directly to the Property Manager/Landlord by the Lt. Governor's Office on Aging.

Instructions:

Read this application carefully and fill out each section that applies to you or a member of your household. Provide as much information as possible. If you cannot fit all of the information in the space provided, please use additional sheets.

**PLEASE COMPLETE THIS ENTIRE APPLICATION.
Incomplete applications will result in the application being returned to you.**

Privacy Act Statement:

The Lt. Governor's Office on Aging will comply with the Federal Privacy Act Statement and will use the information on this form to determine maximum income for eligibility. Any information obtained will not be disclosed outside the Agency except as required and permitted by law. You do not have to disclose this information, but, if you do not, your eligibility approval may be delayed or rejected.



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Warning: Any person knowingly and willingly making a false or fraudulent statement will be denied assistance and may be subject to criminal charges.

Name: _____
Last First Middle
SC

Mailing Address City State Zip Code
SC

Physical Address City State Zip Code

Home Phone: _____ Other Phone: _____

Sex: Male Female Race: _____

Birth Date: ___/___/___

Disabled: Yes No Veteran: Yes No

Amount of Rent: \$ _____ Requested Amount: \$ _____

Reason for requesting emergency assistance: _____

List all persons living in the home:

Name	Relationship	Sex	Age	Income
1)				
Source of Income:				
2)				
Source of Income:				
3)				
Source of Income:				
4)				
Source of Income:				

Do you meet the federal poverty guidelines for eligibility? Yes No
 (See federal guidelines below: For each additional person, add \$6,030.)

2017 Federal Level Poverty Guidelines

Persons in Family or Household	150%
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

Name of Landlord: _____

DBA: _____

Address: _____

Phone: _____ City _____ State _____ Zip _____
 Other Phone: _____

Email: _____

You must give Property Manager/Landlord contact information for application to be approved.

Submission of this application gives your consent for the Lt. Governor’s Office on Aging and/or the Information and Referral Specialist to contact your Property Manager or Landlord. I understand that false information or statements are punishable by federal law. I certify that all information I have provided in this application is complete and accurate. I have read and understand this statement.

Signature: _____ Date: _____

Office Use Only	
Tax ID Number:	W-9 Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason:
Amount Approved: \$	Check #:
Tenant Name:	Mail Date:



Landlord Verification

For questions or assistance, please contact Pamela Grant at 1-800-868-9095.

Name of Tenant: _____

Address: _____

City: _____ State: SC Zip: _____

Amount of Rent: _____ If in arrears, how much?: _____

Amount of Assistance Requested (include late fees): _____

Signature of Landlord/Property Manager

Federal Tax ID or Social Security Number



Monthly Budget

Month: _____

	Amount	Due Date
Mortgage/Rent: _____		
Insurance: _____		
Utilities: _____		
Home Phone: _____		
Internet: _____		
Dish/Cable: _____		
Cell Phone: _____		
Car Loan: _____		
Personal Loan: _____		
Credit Card: _____		
Groceries: _____		
Gas: _____		
Misc.: _____		

Money In - Money Out = Money Left

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Required Documentation

- Proof of Household Income (For all persons living in the household)
- Lease Agreement
- W-9 (Form Submitted by Landlord)
- Driver's License or other Official Identification
- Please submit documentation to support your Rental Assistance request IE: (Doctor bill, Utility bill, Repair receipts)

The W-9 and Landlord Verification form is to be completed by the landlord and faxed to (803) 734-9887 or emailed to jbailey@aging.sc.gov