

# COVID-19 HARDSHIP APPLICATION

The purpose of this form is to help us understand your specific situation and to start a discussion of if and how we could assist you at this time. While we can't guarantee we can accommodate you we will make a sincere effort to help you as best we can.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_ Current Monthly Rent \_\_\_\_\_

Move in Date \_\_\_\_\_ End Date of Current Lease \_\_\_\_\_

Gross Monthly Income Pre-COVID-19 \_\_\_\_\_ Current Monthly Income \_\_\_\_\_

Are you Currently Employed (Y/N) \_\_\_\_\_ Employer \_\_\_\_\_

Please provide a brief description of what happened with your employment and what is expected in the future if known:

Have you reached out to the government – federal, state or city for assistance, including unemployment benefits? If “Yes” please list those contacted and what is the expectation for them providing assistance:

What is your proposed plan for us to work with you? Please include specific dates and amounts you propose in paying in your monthly rent.

Please complete this form and email to \_\_\_\_\_