



Tenant Financial Hardship Application

TENANT INFORMATION:

Tenant Name(s): _____

Full Address: _____

FAMILY/LIVING SITUATION:

Number of Adults in Household: _____ Number of Dependents: _____

How many household members have been affected by financial hardship? _____

How many household members have been unaffected by financial hardship? _____

Company & Role: _____

Monthly Income: \$ _____

- I have attached copies of my 3 most recent paystubs
- I have attached a copy of my bank statement (please block out account numbers)

Total current household monthly income: \$ _____



WORKING SITUATION:

PLEASE NOTE: ONE APPLICATION TO BE COMPLETED PER JOB LOSS/CHANGE OF JOB CIRCUMSTANCES

My employment has been terminated.

Last date of employment: ___/___/___ Company & Role: _____

I have attached a Letter of Separation from my employer.

I have attached copies of my 3 most recent paystubs.

I have attached a copy of my bank statement (please block out account numbers)

I am in forced isolation due to _____

First date of isolation: ___/___/___ Expected last date of isolation: ___/___/___

I will be returning to work on: ___/___/___

I have attached copies of my 3 most recent paystubs.

I have attached a copy of my bank statement (please block out account numbers)

I have had my hours significantly reduced.

I have attached a confirmation letter from my employer **OR**

I am self-employed.

My hours have reduced by: _____

Income loss of: \$_____

Company & Role: _____

Company Contact for Confirmation: _____

I have attached copies of my 3 most recent paystubs.

I have attached a copy of my bank statement (please block out account numbers)



(Working Situation continued)

I am a Business Owner and have had my income significantly reduced.

I have attached a copy of my business bank statement.

I have attached a copy of my personal bank statement.

Business Name: _____

Nature of Business: _____

Accountant Name & Contact Details: _____

Will your business return to normal operation once crisis has subsided? YES / NO

EXTENUATING CIRCUMSTANCE: (i.e. unexpected large expense that would hinder rent payment)

Unexpected circumstance: _____

Loss of income due to circumstance: \$ _____

I have attached proof of payment for unexpected expense.

***Please be sure to also fill in the “Financial Request” section on the last page.**



FINANCIAL REQUEST:

I would like to request a Rent Payment Plan.

Pay \$ _____ per _____

Difference in total rent amount: \$ _____

Pay difference back by: _____

Paying an extra \$ _____ per _____

For a period of _____ days / weeks / months

DISCLOSURE:

- I/We confirm that we are in true financial hardship. I/we have exhausted all options for financial aid and make a declaration that my/our financial position has been adequately portrayed within this application.
- I/We understand that until such a time that a financial request is negotiated and/or agreed upon, that the rent will remain the same as current, and standard procedures will apply for collection of rent.

Signature: _____ Date of submission: _____

Printed Name: _____