



EBLEN CHARITIES RENTAL ASSISTANCE INTAKE PROCESS

1. Applicant will provide a copy of their ID card.
2. Applicant will complete the client intake form in full.
Refer to bottom of client intake form for all documents required when applying for assistance.
3. Applicant will provide a copy of award letters from BC Dept of Health and Human Services (CIP, LIEAP, BC DHHS ERA programs).
If no award letters are available, applicant will need to complete the Authorization to Release Information form.
4. Applicant will provide documentation of income received in the past month (paystubs, SSA/SSDI/SSI award letters, child support agreements, alimony agreements, retire
5. retirement/annuity payments, etc.)
If there is no income, applicant will need to complete the Attestation for No Income form.

For rent:

6. Applicant will complete the top portion of the first page of the Rental Assistance Form.
7. Applicant will take Rental Assistance Form to landlord for the bottom portion of first page and W-9 on back page of Rental Assistance Form to be completed by landlord.
8. Ensure landlord provides copy of lease agreement and rental ledger.

For mortgage:

9. Applicant will provide a copy of current mortgage statement.

For utilities:

10. Applicant will provide a copy of the current bill.

Once ALL documentation is received, then a request for assistance will be considered complete and an interview will need to be completed. (3 phone call attempts will be made over a 3 working day period. If no contact, the request will be closed, and the process will have to start all over.)



CLIENT INTAKE FORM

Name **Date**

Street Address

City **State** **Zip**

Email

Phone Number **Date of Birth** **Number of persons in residence**

Are you a veteran? YES NO **Do you receive Medicaid?** YES NO

Crisis/Reason for Assistance

Please provide the following with each request: copy of applicant ID, income verification for past month

For utility requests: hard copy of utility bill, CIP/LIEAP award letters for heating/cooling assistance

For rental requests: hard copy of lease agreement, rent ledger, rental assistance form, BC DHHS ERA award letter

For mortgage requests: hard copy of current mortgage statement (MUST be delinquent), BC DHHS ERA award letter



Self-Attestation for No Income

I _____ certify that I have not been employed or self-employed (earned income), completed any odd jobs, or had any other source of income (SSA/SSDI/SSI, child support, retirement income) etc.

Income last received:

On (date) _____ in the amount of \$ _____

From (individual/company name) _____

*****ATTESTATION*****

I attest that the above statement about myself, which relates to my eligibility for assistance, is true and correct to the best of my knowledge.

Applicant Signature

Date

Eblen Employee Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

Applicant Name: _____

Date of Birth: _____

I hereby authorize the release of information from Buncombe County Department of Health and Human Services (BC DHHS) to provide Eblen Charities with all information confirming assistance has been provided or funding is unavailable to assist with:

- Rental assistance
- Mortgage assistance
- Water assistance
- Energy assistance

Applicant Signature

Date

I _____ (BC DHHS Employee) do OR do not confirm that funding has been exhausted or is not available to assist _____ (Applicant's Name) with rental assistance, water assistance, and/or energy assistance.

Funding will be available at BC DHHS: _____

BC DHHS Employee Signature

Date

BC DHHS Employee Printed Name

Phone Number



RENTAL ASSISTANCE FORM

-----CLIENT TO COMPLETE-----

Date: _____ Client Phone _____

Client Name: _____ Client SS#: _____

Client Address: _____

Client email address _____

-----LANDLORD TO COMPLETE -----

This is to notify you that unless the above rent and/or deposit is paid by (date): _____ you are subject to eviction.

Landlord agrees to accept \$ _____ to guarantee that tenant may stay in the above residence for the next 30 days.

Current rent/mortgage payments may be made up to 5 calendar days before the due date/eviction date.

This is to confirm that rent/mortgage for _____ for the
(Tenant Name)
property at _____ with a

monthly rent amount of \$ _____ (rent only) or with a mortgage with a monthly payment of

\$ _____ is/was due on _____. The total amount currently owed is \$ _____. The

individual/family now has rent/mortgage due/past due for the month(s) of _____.

Landlord/Mortgage Holder Name: _____

Phone: _____

Email address _____

Address: _____

Landlord/Mortgage Holder Signature: _____ Date: _____

Eblen Charities

23 Hamilton Street. - Asheville, NC 28801 Tele: (828)255-3066 Fax: (828)255- 3775

www.eblencharities.org



Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^a _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ^a _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) _____ Requester's name and address (optional) _____</p> <p>6 City, state, and ZIP code _____</p> <p>7 List account number(s) here (optional) _____</p>	
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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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
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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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ^a _____	Date ^a _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.