MARICOPA COUNTY EVICTION PREVENTION APPLICATION

1 Eligibility Criteria

The Maricopa County Eviction Prevention (MCEP) program provides rental assistance to renter households who are at risk of eviction or displacement due to a temporary financial hardship. The pilot is intended to reach households in target zip codes at the beginning of the eviction process, identifying opportunities for intervention as early as possible.

To be eligible to participate in the program, applicants must demonstrate that they meet the following criteria:

- U.S. Citizen or Lawful Permanent Resident (LPR)
- Currently residing in one of the following zip codes: 85008, 85040, 85041, 85042
- Have experienced a temporary emergency or financial setback impacting ability to pay rent
- Have the ability to pay their monthly rent moving forward

Assistance is subject to eligibility and availability funding.

2 Eligible Activities

Applicants may apply for either or both of the following types of assistance:

- **Rental Arrears** - MCEP will pay up to 2 months of rental assistance, not to exceed $3,000 (excluding late fees).

3 Application Process

HOM will accept applications as funding is available. Available funding is not guaranteed. An eviction prevention assistance application must be completed by the applicant. Once completed it may be submitted to ***renthelp@hominc.com***.

If you need a reasonable accommodation under the Americans with Disabilities Act (ADA) to complete the Eviction Prevention application or access program support, please call HOM, Inc. at 602.265.4640 or visit our Phoenix office at 5326 E Washington St Phoenix, AZ 85034. Our team is available to help you access and complete the application process.

The following is a step-by-step guide to complete the application process.

1) Complete the assistance application and attach the following supporting documentation:

- Identification documentation
  - Government-issued ID
  - Proof of citizenship or LPR status
- Proof of tenancy
  - Copy of current lease (if applicable)
- Documentation of need:
  - Rental Assistance
    A. Inability to pay rent (provide one of the following):
      - 5 Day Notice
      - Eviction Summons
      - Rent ledger or other documentation of missed rent payment(s)
      - Self-attestation from tenant indicating financial hardship will impact ability to make future rental payment
  - Nature of the temporary hardship (provide one of the following of any other verifiable evidence of hardship):
    - Terminated employment
    - Reduced work hours
    - Business closure
    - Short-term illness/disability
    - Medical bills
    - Funeral expenses
    - Car repairs
    - Natural/manmade disaster
    - Crime victim
    - Domestic violence
    - Self-attestation from tenant describing the temporary hardship that has caused inability to pay rent

- Documentation of ability to pay future rent (provide one of the following):
  - Social Security income (SSI, SSD, etc.) verification letter
  - Employment verification letter
  - Last two pay stubs
  - Job offer letter
  - Other income verification
  - Self-attestation from tenant confirming ability to make future payments

2) Email the application and supporting documentation to ***renthelp@hominc.com***.

3) HOM will confirm receipt of application within one (1) business day and provide a decision or request additional documentation within two (2) business days of application receipt. If approved, funds will be issued no later than five (5) business days from receipt, provided all payment information is received and confirmed.

Maricopa County Eviction Prevention Application

Please send completed application and required documentation to renthelp@hominc.com

Applicant Information

Last Name	First Name	Middle Initial	Gender

Do you use any other Social Security Number or Name(s)? Other Name(s): ☐ No ☐ Yes Other SSN:	Date of Birth (MM/DD/YYYY)

Race – Check All that Apply	Ethnicity
☐ White ☐ Black or African American ☐ American Indian/ Native Alaskan Asian/ Pacific Islande ☐ Other	☐Hispanic ☐Non-Hispanic

Are you a citizen of the U.S or lawful resident?	Are you a veteran?	Has an eviction been filed in court?	Are you currently receiving rental assistance or subsidy?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Current Address	Apt #	City	Zip

Phone Number	Second Phone Number	Email Address

Are there other family members living in the household? ☐No ☐Yes # of other adults: # of children:

Please list everyone who lives in the home, including yourself:

Full Legal Name	Relationship to Applicant	Date of Birth	Currently Lives in Unit?	Monthly Gross Income	Income Source
	Self		☐ Yes ☐ No	$	
			☐ Yes ☐ No	$	
			☐ Yes ☐ No	$	
			☐ Yes ☐ No	$	
			☐ Yes ☐ No	$	

Financial Assistance Request

Please check financial assistance type you wish to apply for: ☐ Rental Arrears (Max $3,000)	Total Financial Assistance Requested

Have you received or applied for help to pay the back rent that you now owe?

☐ No ☐ Yes Agency or program:

Referring Landlord

Property Name:	Property Manager Name:

Property Address:	Phone Number:	Email Address:

Financial Hardship – What occurred that caused you to have difficult paying your rent?

- ☐ **Terminated employment**
- ☐ **Reduced work hours**
- ☐ **Business closure**
- ☐ **Short-term illness/disability**
- ☐ **Medical bills**
- ☐ **Funeral expenses**
- ☐ **Car repairs**
- ☐ **Natural/manmade disaster**
- ☐ **Crime victim**
- ☐ **Domestic violence**
- ☐ **Self-attestation from tenant describing the temporary hardship that has caused inability to pay**
- ☐ **Other emergency_____**

Briefly explain what caused you to seek financial assistance:

(Optional) Attach supporting documents to the e-mail; provide any details about the documents here:

By signing below, I certify that the information provided in this application and all supporting documentation is true, accurate, and complete to the best of my knowledge. I understand and authorize HOM, Inc. to:

- Contact my landlord or property manager, referring agency, and other funding sources as necessary to process and verify my application.
- Verify my household income, tenancy, rental balance, payment history, and eviction status.
- Share limited information with Maricopa County and its authorized partners for program administration, payment processing, compliance, reporting, and program evaluation.
- Determine eligibility based on available funding and program requirements. I understand that submitting an application does not guarantee approval or assistance.
- Issue approved funds directly to the landlord, property owner, or management company. Funds will not be paid directly to the applicant.
- Deny assistance or require repayment if information is knowingly false, incomplete, misleading, or if duplicate assistance is received for the same expenses.
- Follow-up to determine how participation in the program impacted my housing stability.
- Accept my signature electronically or, when permitted and documented by HOM, through verbal authorization.

I understand that I may be asked to provide additional information or documentation before a final eligibility decision or payment can be made.

Signature – Applicant	Printed Name	Date

Maricopa County Eviction Prevention
Supporting Documentation Checklist

Required Documents

IDENTIFICATION DOCUMENTATION

Include one of the following:

- ☐ Government-issued ID
- ☐ Proof of citizenship or LPR status

DOCUMENTATION OF SUPPORT Include all the following documents for each funding type requested

☐ **Rental Assistance- Inability to pay rent (provide one of the following):**

- ☐ 5 Day Notice
- ☐ Eviction Summons
- ☐ Rent ledger or other documentation of missed rent payment(s)
- ☐ Self-attestation from tenant indicating financial hardship will impact ability to make future rental payment

DOCUMENTATION OF NEED - Nature of the temporary hardship (provide one of the following or any other verifiable evidence of hardship):

- ☐ Terminated employment
- ☐ Reduced work hours
- ☐ Business closure
- ☐ Short-term illness/disability
- ☐ Medical bills
- ☐ Funeral expenses
- ☐ Car repairs
- ☐ Natural/manmade disaster
- ☐ Crime victim
- ☐ Domestic violence
- ☐ Self-attestation from tenant describing the temporary hardship that has caused inability to pay rent

MEMBER INCOME INFORMATION

Include verification for all sources of income

☐ **Documentation of ability to pay future rent/utility bills (provide one of the following):**

- ☐ Social Security income (SSI, SSD, etc.) verification letter
- ☐ Employment verification letter
- ☐ Last two pay stubs
- ☐ Job offer letter
- ☐ Other income verification
- ☐ Self-attestation from tenant confirming ability to make future payments

PROOF OF TENANCY

☐ **Copy of current lease (if applicable)**