



Georgia Advancing Communities Together, Inc. COVID-19 EVICTION RELIEF FUND

Date: _____

Name of the Referring Agency: _____

Name of the Interviewer: _____

Submitting an application is not a guarantee that you will receive assistance from Georgia ACT. Georgia ACT does not distribute cash. All payments will be made to landlord, mortgage company, etc. Our policy is to award funds to a family once per calendar year.

ALL BILLS MUST BE IN THE APPLICANT'S NAME

1. Have you received assistance from any other sources for COVID-19 relief? YES NO

2. Do you have documentation indicating separation from your place of employment?

YES NO

3. Name of former employer: _____

4. How long were you employed? _____

5. Will there be an opportunity to return to work? YES NO

6. City/county of residence: _____

7. How long have you lived at current address? _____

8. What assistance are you requesting? RENT MORTGAGE

9. Is the bill in your name? YES NO

(Note: A current 12-month Lease, Rental Agreement or Mortgage statement is REQUIRED for assistance)

**PLEASE PROVIDE THE FOLLOWING INFORMATION
(If you are manually entering this information, please print legibly)**

Check One		Amount Owed (Include late fees for RENT ONLY)	Applicant's Contribution (RENT ONLY)	Amount Requested
	Mortgage			
	Rent			

PERSONAL INFORMATION (Required) [A Photo ID is required with each application]

Name: _____

DOB: _____ SSN (Last 4 #s): _____ License / State ID#: _____

Address: _____ Apt. #: _____

City: _____ Zip Code: _____

Phone Number / Cell: _____

Email Address: _____

Total number in household: Children: 0-5 6-12 13-18

Adults: 18-35 36-50 51-65 over 65

Emergency Contact Name, Address, Telephone Number and Relation: _____

A. OTHER ASSISTANCE:

Have you applied at a church, agency, or organization for this bill? YES NO

If yes, please provide the following information:

Date Applied: _____

Name: _____ Amount Received: \$ _____

Contact Person's Name: _____ Phone #: _____

B. OTHER INCOME:

Child Support	\$	Retirement	\$	Unemployment	\$
Disability	\$	Social Security	\$	Other	\$
Food Stamps	\$	TANF	\$		

TOTAL MONTHLY AMOUNT: \$ _____

APPLICANT SIGNATURE: _____ **DATE:** _____

INTERVIEWER'S COMMENTS: _____

INTERVIEWER'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY - Final Decision			
Approved	Declined	Date: _____	
Amount: \$ _____	Date of Distribution: _____	Metro Atl	Georgia

RENT AND MORTGAGE ADDENDUM

*Must be past due or will be past due if immediate payment is not made

1. Applicant Name: _____
2. Assistance Requested: _____
Name of Landlord: _____
Contact Number: _____ Fax Number: _____
Email Address: _____
Mortgage Company: _____
Contact Number: _____ Fax Number: _____
Email Address: _____
Does applicant rent from a private individual? YES NO
Does applicant reside at an Extended Stay Property? YES NO
3. Monthly Payment: \$ _____ Months Past Due: _____

**APPLICANT MUST PROVIDE A STATEMENT ON LETTERHEAD FROM THE COMPANY CONFIRMING THIS AMOUNT

*VERIFICATION OF STATEMENT PROVIDED: YES NO



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