

# ARKANSAS RENT RELIEF PROGRAM TENANT APPLICATION USER GUIDE



MAIN WEBSITE: AR.GOV/RENTRELIEF CONTACT CENTER:

1-855-RENTARK

### THINGS TO KNOW WHEN APPLYING ONLINE



### **INTERNET CONNECTIVITY**

Please ensure that you have a **stable internet connection** that will allow you to complete the application with minimal interruptions. For an optimal browsing experience, we suggest that you use the latest public release of any one of the following web browsers:

- <u>Google Chrome</u>
- Mozilla Firefox
- Microsoft Edge
- <u>Apple Safari</u>

Internet Explorer is NOT supported

**PLEASE NOTE:** The online application can be used on mobile devices and tablets. We recommend that you have all required supporting documentation loaded on your mobile or tablet device before you begin your application.







#### USER RESPONSIBILITY

As with all official State of Arkansas forms and documents, **you are responsible for the completeness and accuracy of all information that you provide during the application process. You are responsible for entering all required information. Failure to do so may result in your application being delayed or disapproved.** 





## **TENANT ONLINE APPLICATION GUIDE**

This document provides an overview of the Arkansas Rent Relief Program online application and the required steps for applicants to complete. Applicants should review this user guide in its entirety to confirm their program eligibility (see the "Prescreen" page of the application). It is best to prepare the required documentation before beginning the online application.

Supporting documentation for the Rent Relief application includes the following:

- Government Issued Photo Identification (e.g. Driver's License, Passport, Military ID, U.S. Permanent Resident Card, etc.)
- □ Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance
- Proof of Income for each household member who files income taxes (e.g. 2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months)
- Proof of COVID-19 impact on income (e.g. 2019 Pay Statements or 2019 W2 compared to 2020 Pay Statements or 2020 W-2)
- □ Unemployment benefit statement or Form 1099-G (if applicable)
- Eviction notice, notice of eviction court hearing or statement/letter of past-due rent (if applicable)
- Utility bill(s) for the amount you are requesting assistance (if applicable)

Applicants may self-attest to the following requirements where complete supporting documentation is unavailable:

- □ Financial Impact (e.g., unemployment, reduction in income, significantly increased expenses, or other financial hardship)
- □ Housing Impact (e.g., risk of housing instability or homelessness)
- □ Income qualification (e.g., total household income at or below 80% AMI)
- □ Lease Obligation (e.g., landlord information, monthly rental obligation, and response as to utilities included). Note that a written lease must still be provided.
  - Rental assistance will be limited to 3 months of rent with an expectation that the lease agreement is provided on future requests if a copy of a valid lease is not provided with the initial application.

Note that case managers may still be required to request the missing documentation, to include any of the self-attested criteria above, to prove eligibility in accordance with US Treasury regulations.

*Please refer to the Arkansas Rent Relief FAQs and Tenant Required Documents for a complete list of required documentation.* 





### HOMEPAGE

□ Here you can access an overview of the Rent Relief program, create a new application, check an existing application status, log into an existing account, and access to help and support resources.

□ Click **Apply Now** to create an account and begin the application process.

□ Click **Check Application Status** to view the current status of a submitted application.







### **REGISTER NEW ACCOUNT (FIRST TIME LOGGING IN)**

Enter your first and last name, provide an **email address** to which a system-generated verification email will be sent, and indicate whether you are a renter or landlord.

Us	ser Registration	
First Name*	Last Name*	
Email*		
Confirm Email*		
Are you a Renter or a Landlord ?*		•
Please provide your preferred language*		•
_		



<b>ARKANSAS</b>
<b>RENT RELIEF</b>
PROGRAM

Dear Applicant,
Thank you for your interest in the State of Arkansas Rent Relief Program. This email serves as confirmation that you have successfully created an account.
Username: To change your password, please <u>click here</u>
or copy paste the below URL in your internet browser address bar.
Before you start, please read the resources and information about the Arkansas Rent Relief Program at AR.GOV/RENTRELIEF to understand the application and program eligibility requirements. Once your application is submitted you will not be able to edit your application. Please ensure you complete the application completely and accurately and confirm you have uploaded all documentation required. You will want to have on hand a copy of your lease or utility bills, a copy of your photo ID, your landlord's contact information (phone and email), and any other documentation of your situation.
You will receive an email confirmation when your application is successfully submitted. <b>Once you submit, you can check the status of your application any time at AR.GOV/RENTRELIEF.</b>
Sincerely, Arkansas Rent Relief Program Team





CREATE PASSWORD		
Click the link to create a n	ew password to log in to your new	<i>i</i> account.
	Change Your Password	
	Enter a new password for travieso.anthony@gmail.com. Make sure to include at lease:	
	Password was last changed on 3/11/2021, 6.43 Awi.	
	© 2021 salesforce.com. All rights reserved.	





## START NEW APPLICATION



□ After successfully logging in to your new account, begin a **new application** by clicking **Start New Tenant Application** on the homepage.





#### **RETURN TO AN APPLICATION**

To continue with an application you have already started, log in with your email address and password. If you have forgotten your password, you can create a new one by clicking "forgot your password?" and a new verification link will be sent to the email address you gave us.

*	Username	
6	Password	
	Log in	
orgo	ot your password?	Not a member?

□ Once logged into, click on **Track Status** at the top of the screen.







□ If you have already started an application, the case number, status, and rental property address will appear.

□ Click on three dots in the top right corner and click **Edit**. This will bring you back to the first page of the application. Your information should already be there.

HUMAN Services	Home	Арріу	Track Status	Help & Support	Language Preference	۵
	ES I Am a Tenant	rental assistance and you do n	at see your request below you can s	art a new application by clicking Apply	manul	
	Case Number 00001079	rental assistance and you do h	•••	ar ta new application by clicking Apply	menu:	
	Status Not Submitted Rental Property 1800 Center Street, Little Rock, /	AR 72206				
		Privacy Poli	y   Alerts   Security Po	icy   AcceptableUse   Tran	sparency	
		·	Соругіght 2021 © All Righ			

Note: If you have already completed your application, the Status will say "Submitted" and no further action will be required of you at this time.





YOUR	ROGRESS	
	On any page of the application, you will be able to monitor your progress both on the current pa and throughout each phase of the application using the icons on the <b>top</b> panel.	ge
	✓ _ O _ ● _ ● _ ● _ ● _ ● _ ● _ ● _ ● _ ●	
	On each subsequent page of the application, the progress will be updated, and previously compet bages will show a blue check mark.	ed
	<b>Rules</b> have been built into the application to let you know if information is missing, has been entered in an incorrect format, or whether your responses indicate you are ineligible for the program.	
	Please note that you are responsible for answering each question completely and accurate	<u>у</u> .
	f you accurately answer a question and you are provided with an <b>eligibility error</b> , please <b>DO NG</b> <b>Change, or override your response</b> to complete the application. This means you are not eligible for the program. Please call 1 (855) RENTARK for further assistance.	
	Mandatory fields are indicated with an asterisk (*)	
	* Employment status	





#### PRESCREENING

The **Prescreening** page asks key questions that can help you know whether you are eligible for the Rent Relief Program.

□ Enter how many **members** live in your unit and **physical address** (number, street, city, zip and state) of the rental unit for which you are requesting help. Include all renters named on the lease agreement, any minor children living in the home, and any other individuals living in the household on a regular basis, meaning more than 50% of the time for which you are seeking assistance.

* Provide the physical address of the rental unit for which you se	eek assistance

□ Show whether your landlord is an immediate family member by selecting either the "Yes" or "No" button. Examples of immediate family members include, but are not limited to parents, children, or siblings.

* Is your	landlord an	immedia	te family r	nember?
O Yes	🔘 No			

- □ Say whether your name is on the lease agreement for the rental unit by selecting either the "Yes" or "No" button.
  - Applicants are required to be listed in the lease agreement to be eligible for this program.







- □ Enter the **total annual household** income for 2020 in the open field. The total annual household income should reflect the sum of all income earned by the adult household members.
  - Applicants' 2020 total annual household income or current income (based on the last 2 months) must be within the 80% AMI limits by the respective county.
  - **Please refer** to the State of Arkansas Rent Relief Program "Applicants Frequently Asked Questions" for the AMI table (Appendix A).

0 0 0 0
reening
What is your total household Annual Adjusted Gross Income?*
Required
Apt/Unit #

- □ Since March 13, 2020, select each scenario that applies to you by selecting the check boxes. An applicant must have experienced at least one of these scenarios:
  - Qualified for unemployment benefits
  - Experienced a reduction in income
  - Incurred significant costs
  - Been unemployed for the last 90 days prior to submitting this application
  - Experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak
  - Experienced housing instability or homelessness (gotten an eviction notice, for example)

Since March 13,2020, have you (check all that apply)

- Qualified for unemployment benefits
- Experienced a reduction in income
- Incurred significant costs
- Been unemployed for the last 90 days prior to submitting this application
- Experienced other financial hardship due directly or indirectly to the COVID-19 outbreak?
- Experienced housing instability or homelessness
- Say whether you are applying because of a request from your landlord, or a system generated email letting you know your landlord has applied. by selecting the "Yes" or "No" button.
- o If "Yes", enter the application request number given by your landlord in the open field.





As you complete this form, it may be help • Photo ID • Lease Agreement			
Proof of Income (W-9 or Pay Stub)	• Utility Bills • SSN		
Confirm Address	- 0 0 0 0 0		
Confirm	Address		
Street	1800 CENTER ST LITTLE ROCK AR 72206-1418		
y Accept Forma			
	Confirm Address Confirm A	Confirm Address US Postal Service Format: 1800 CENTER ST LITTLE ROCK AR 72206-1418	Confirm Address Confirm Address Street US Postal Service Format: 1800 CENTER ST LITTLE ROCK AR 72206-1418





### ELIGIBILITY

Based on responses to the Prescreening questions, an applicant will be notified if they may be eligible to apply.

HUMAN Services	Home	Apply	Track Status	Help & Support	Language Preference	۵
	Renter Applicati	ion	As you complete this form, it may be helpfu • Photo ID • Lease Agreement • Proof of Income (W-9 or Pay Stub)	I to have the following documents: • Utility Bills • SSN		
			O O O O O O O O O O O O O O O O O O O			
			Eligibi	ility		
		Total Annual Income:\$30,00	00.00			
		County of Residence: Pulask	i County			
		You may be eligible	for Rental Assistance, Continue Application			
			Next			
			Previo			
		Privacy Policy	Alerts Security Policy	y   Acceptable Use   1	iransparency	

- □ Carefully **read and understand the eligibility requirements** as outlined in the Frequently Asked Questions to confirm that you are eligible for the program.
- Answer each question honestly and do not override accurate responses in order to participate in this program if your truthful answers show you are ineligible. There may be other programs and resources available to you.
- □ Responses to other questions within the application may lead to a determination of ineligibility.





### **APPLICANT DETAILS**

The Applicant Details page captures basic information about the applicant.

□ Complete the **Application Information** section by entering:

- First and Last Name
- Date of Birth
- Gender

- Social Security Number
- o Race and Ethnicity
- o Marital Status
- Employment Status
- Type of Photo Identification

irst Name		Middle Name	
John			
.ast Name		Suffix	
Smith			
Date of birth		*Gender	
03/14/2002	苗	Male	
e			
Do you have a Social security number?		*SSN/TIN	
Yes 🔿 No			
Race		* Ethnicity	
American Indian or Alaska Native		O Hispanic/Latino	
Asian		Non-Hispanic/Non-Latino	
White		No Response	
Black or African American			
Native Hawaiian or Other Pacific Islander			
No Response			
arital status		Employment status	
	-		
ype of Photo ID 🟮			





	If you are using a <b>Driver's License</b> for your Number" and the "State" that issued it.	eligible photo ID, please enter the "Driver's License
	Type of Photo ID*  Driver's License	
	Drivers License Number*	Drivers License State*
	You will be required to upload a photocopy or pic a later in the application.	ture of your eligible photo ID to the Upload Documents
		m your contact information
	Enter your current <b>mailing address</b> and confir	m your <b>contact information.</b>
~	Applicant Mailing Address	
	Address* 1800 CENTER ST, LITTLE ROCK, AR, USA	Apt #
~	Applicant Contact Details	
	Phone number*	Re-enter phone number*
	Email*	Re-enter email*
	Preferred method of contact*	Preferred language*





- Under Self Attestation for COVID-19 Impacts and Self Attestation for Housing Instability, check each box that applies. In the open field provided at the bottom of each section, you will need to describe how COVID-19 has impacted you, such as unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship
  - On the upload documents screen, you will need to attach supporting documentation to demonstrate a loss of income, significant cost, and/or other financial hardship (e.g., unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency).

<ul> <li>Hours</li> <li>Have b</li> <li>Have ii</li> <li>Have ii</li> <li>Have ii</li> <li>Have ii</li> <li>Had to</li> <li>Had to</li> <li>Had to</li> <li>group</li> </ul>	estation for COVID-19 Impact options (check all that apply) were reduced due to COVID-19 meured increased medical costs due to COVID-19 neurred financial hardship due to COVID-19 o miss time from work to quarantine o miss time from work to care for children who had to miss school due to COVID-19 o miss time from work because the person is in an at-risk medical group, or a dependent is in at-risk medical
<ul> <li>Have b</li> <li>Have ii</li> <li>Have ii</li> <li>Have ii</li> <li>Had to</li> <li>Had to</li> <li>Had to</li> <li>group</li> </ul>	been laid off due to COVID-19 ncurred increased medical costs due to COVID-19 ncurred financial hardship due to COVID-19 o miss time from work to quarantine o miss time from work to care for children who had to miss school due to COVID-19
<ul> <li>Have in</li> <li>Have in</li> <li>Had to</li> <li>Had to</li> <li>Had to</li> <li>group</li> </ul>	ncurred increased medical costs due to COVID-19 ncurred financial hardship due to COVID-19 o miss time from work to quarantine o miss time from work to care for children who had to miss school due to COVID-19
Have in Had to Had to Had to group	ncurred financial hardship due to COVID-19 miss time from work to quarantine miss time from work to care for children who had to miss school due to COVID-19
Had to Had to Had to group	miss time from work to quarantine miss time from work to care for children who had to miss school due to COVID-19
Had to Had to group	miss time from work to care for children who had to miss school due to COVID-19
Had to group	
group	miss time from work because the person is in an at-risk medical group, or a dependent is in at-risk medical
Lad to	
Hau tu	miss time from work due to a COVID-19 related death to a family member
Other	reasons
equired	
	<u>h</u>
equired	





<ul> <li>Self Attestation for Housing Instability options (check all that apply)</li> <li>Eviction notice</li> <li>A past due utility or rent notice (late notice or notice to pay/quit)</li> </ul>					
—					
A past due utility or rent notice (late notice or notice to pay/duit)					
— · · · · · · · · · · · · · · · · · · ·					
<ul> <li>Unable to afford current housing</li> <li>History of or potential for exposure to intimate partner violence, sexual assault, or stalking</li> </ul>					
<ul> <li>The household is forgoing or delaying the purchase of essential goods or services to pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school</li> </ul>					
The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income					
Unsafe living conditions, including but not limited to, insufficient heat, lack of running water, mold, or major deferred maintenance					
Currently living doubled up or in a hotel/motel due to financial hardship					
Required					
Required					
Next					
Previous					





OTHER	HOU	SEHOLD N	ЛЕМЕ	BERS											
					-		•		add	the	information	for	any	other	household
n	neml	oers by clic	king	Add Ho	buseh	old	Members	5.							
HUM	AN CES	Home		Appl	<u>y</u>		Track Status			H	lelp & Support		Langua	ge Preference	م
		Renter /	Applicat	ion		• P • L	complete this form, it n Photo ID .ease Agreement Proof of Income (W-9 o				ity Bills				
Cther Household Members															
				Other House	hold Mem	bers									
				FIRST NAME			GENDER			I	RELATIONSHIP				
											+ A0	ld Househ	nold Memb	ers	
									Next revious						
				Priv	acy Policy	I	Alerts	Security	Policy	4	Acceptable Use	Transparen	icy		
							Copyright 2	021 © All I	Rights Reserve	d. Arkansas.go	ov				

Note: Applicants who live alone should click "Next" to continue with the application. A roommate who is also listed on the lease agreement or has a different lease agreement should apply separately





- For each additional household member, enter the following information and click Save.
  - o First and Last Name
  - o Date of Birth
  - Relationship to the applicant
- Once the details for all other household members are saved, click **Next** to continue.

* First Name	Middle Name
* Last Name	Suffix
■ Does this person have a Social security number? Yes No	SSN/TIN
* Date of birth	Gender
前	
Age	Employment status
Marital status	*Relationship
Race American Indian or Alaska Native Asian White Black or African American Native Hawailan or Other Pacific Islander No Response	Ethnicity Hispanic/Latino Non-Hispanic/Non-Latino No Response





INCOME							
🗆 Add a	all sources of	i <b>ncome</b> fo	or each h	ousehold mer	nber by clicki	ng <b>Add Income</b> .	
	HUMAN	Home	Apply	Track Status	Help & Support	Language Preference	٩
		Renter Application	ļ	As you complete this form, if may be helpful t • Photo ID • Lease Agreement • Proof of Income (W-9 or Pay Stub)	have the following documents: • Utility Bills • SSN		
				© O O O o Income	0-0-0-0-0		
				Incom	e		
		Inc	OME ICOME TYPE	EMPLOYER NAME	2020 TOTAL ANNUAI	- INCOME + Add Income	
				Next Previous			
			Privacy Policy	Alerts   Security Policy Copyright 2021 © All Rights Re	Acceptable Use   1	iansparency	
0 0 0	Select which The income 2020 annual	househole type income fr ome will b	d memb om this	er is getting th income type	e income	<b>ed information</b> a 1040, Current 20	
				Income			
	* Household member  Required Employer name  * How will you present your income?			* Income type	ual income from this income source (e.	5 W2)	<b>*</b>
	Required Prior months income			• • • • • • • • • • • • • • • • • • •	1116		
					Ca	ancel Save	
🗆 After	saving the req	uired info	rmation	for each sourc	e of househo	old income, click <b>N</b>	l <b>ext</b> to continue.





### RENT

- □ Indicate whether you pay rent to an individual or a company by selecting either the "Individual" or "Company" button.
  - If **individual**, enter their information as noted in the lease:
    - Name (first, middle, last)
    - Landlord address (number, street, city, zip and state)
    - Contact information (phone number and email address)

HUMAN	Home	Apply	Track Status	Help & Support	Language Preference Q
	Renter Applica	ition	As you complete this form, it may be helph • Photo ID • Lease Agreement • Proof of Income (W-9 or Pay Stub)	ul to have the following documents: • Utility Bills • SSN	
				ent	
			Rer	nt	
		✓ Landlord Details			
		*Type O Individual O Co	ompany		
		First Name*		Last Name*	
		Email*		Phone number*	
		Address*		🖋 Apt #	

- If **company**, enter their information as noted in the lease:
  - Company name
  - Address (number, street, city, zip and state)
  - Contact information (phone number and email address)

HUMAN Home	_Apphy	Track Status	Help & Support	u	nguage Proference Q
	Renter Application	As you complete this form, it may be helpful to have the fol - Photo ID UBI - Lease Agreement - SSI - Phoof of Income (VF9 or Pay Stub)	ity Bills		
		0-0-0-0-0-0-0 Rent			
	✓ Landlord De	Rent			
	"Type O Individual	€ Company			
	Company na First Name				
	Email* Address*	Phone num	Apt #		





🗆 Indicate		eviction notice by selecting eithe Irt eviction paperwork with a hea	
×	<ul> <li>Rent Details</li> </ul>		
	*Have you received an eviction notice?		
	*Has eviction court paperwork been issue Yes No	d to the tenant with a hearing date or has an evict	ion occurred?
	Lease start date*	Lease end date*	<b></b>
	• Is this your current lease?		
o L o L o V	ur lease information, includin ease start date ease end date Vhether this is your current le	ase by clicking the <b>Yes</b> or <b>No</b> but *Lease end date	ton
04-01	J-2020 your current lease?		Ē
	No		
□ Add eac informa	· · ·	o for by clicking <b>Add Rent</b> and en	tering the following
Add Rent	Due Details		
MONTH	APPLYING FOR	MONTHLY RENT AMOUNT HAVE YOU RECEIVED PAS	ST DUE RENT N
		Pr	Add Rent revious Next





- □ Enter the rent details for each month you are applying for help, the **amount requested** field will automatically be calculated based on the information you provide, which must include:
  - o Month applying for
  - o Monthly rent amount
  - Monthly rental insurance amount
  - Amount received as rental assistance from another federal or state program
  - Whether you have gotten a "past due rent notice"
    - If "Yes", enter any applicable late fees in the "late fee/court fee" field

* Month applying for		
* Monthly rent amount		
Monthly rental insurance amount(If annual, divide by 12)		
Late fee / Court fee		
Amount received as Rental Assistance from another Federa	al or State program	
Amount requested from this program		
\$0.00		
* Have you received past due rent notice?		
Ves No		
	Cancel	Save

NOTE: Click the "add month" button and enter the above information <u>individually for each month</u> you are asking for help.





### UTILITY

- □ Indicate whether your utilities are included in your rent or provided by your current landlord by selecting either the **Yes** or **No** button
  - If "No", indicate whether you are seeking utility assistance by selecting either the Yes or No button

HUMAN SERVICES	Home	Apply	Track Status	Help & Support	Language Preference	م			
	Renter	Application	As you complete this form, it may be helpful to h • Photo ID • Lease Agreement • Proof of Income (W-9 or Pay Stub)	ave the following documents: • Utility Bills • SSN					
				• • • • • • • • • • • • • • • • • • •					
	Utility								
		<ul> <li>Are all of your utilities i</li> <li>○ Yes <ul> <li>O No</li> </ul> <li>O Yes <ul> <li>O No</li> </ul> <li>O Yes <ul> <li>O No</li> <li>O Yes <ul> <li>O No</li> </ul> </li> </ul></li></li></li></ul>	included or provided by your current landlo	rd?					
		*Are you seeking utility a	assistance?						
		Add Utility							
		MONTH APPLYING FOR	UTILITY TYPE	AMOUNT OW					
					+ Add Utility				
			Next						
			Previous						

- □ If you are seeking help paying your utilities, add each month for each utility separately by clicking Add Utility and entering the following information as listed on the invoice:
  - o Month applying for
  - Utility type (e.g., electric, water, gas, etc.)
  - Utility provider account number.
  - Utility provider name

*Note: Including your utility provider account number and verifying it is accurate may improve the processing time of your utility assistance application.* 

Note: Utility bills must be in the name of the tenant or a household member. Utility bills in the name of a landlord or non-household member are not eligible.





	Ado	l Utility			
	*Month applying for	*Month applying for			
	Costract applying rea	•			
	* Utility Type	* Utility provider account number			
	Utility provider				
	Unity provider				
	Please enter the provider details, if its not displayed above.				
	Utility provider legal business name	Utility provider legal business name			
	Utility provider business address				
	* Amount owed	Late fee			
	Amount received as Utility Assistance from another Federal or State program	Amount requested from this program \$0.00			
	Is this amount past due?				
	O Yes O No				
		Cancel Save			
	r providerla detaila are pet displayed	alaaca provide the following uti	lite arouidar		
	r provider's details are not displayed, p	blease provide the following uti	ity provider		
inform	nation:				
0	Legal business name	egal business name			
0	Phone number				
0	Business address				
0	Amount owed				
0					
-	Late fee (if applicable) Any amount gotten as utility assistance from another federal or state program				
0			e program		
0	Indicate whether amount is past due				
	<ul> <li>If "Yes", enter any applicable lagent</li> </ul>	ate fees			

(NOTE: Help requested from this program will be automatically calculated from the provided information)

(NOTE: Click the **Add Utility** button and enter the above information <u>individually for each month</u> you are seeking help paying your utilities.





#### **UPLOAD DOCUMENTS**

Applicants must upload all **required documents** to the application before submitting it. This includes photocopies or pictures of the following:

- □ Proof of identity
- □ Lease agreement
- □ Rent notice(s)
- □ Utility bill(s)
- □ **Proof of income**
- □ Other documents (if applicable)
- □ Upload your relevant documents for each section. A green check mark will show when a document is uploaded, then click **Done**.

<u>t</u>	Jpload Files
Proof of Identity.JPG 49 KB	o
1 of 1 file uploaded	Done

□ You can delete an uploaded document by clicking the "trashcan" icon to the right of each document.

Upload Proof of Ident	ity	
* Proof of Identity		
1 Upload Files	Or drop files	
Proof of Identity.JPG		â

Reminder: You will need to attach supporting documentation to show a loss of income, significant cost, and/or other financial hardship (e.g., Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID, Approval letter for federal, state or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency).





	Upload Proof of Ident					
	* Proof of Identity	iny				
	1 Upload Files	Or drop files				
	Upload Lease Agreem	ent				
	* Lease or Rental Agree	ment				
	1 Upload Files	Or drop files				
	Upload Past Due Rent	t Notice / Eviction Notice				
	Past Due Rent Notice/E	viction notice				
	1 Upload Files	Or drop files				
	Upload Utility Bill Utility Expense					
	1 Upload Files	Or drop files				
	Unland Depart of Jacob					
	Upload Proof of Incon *Income Verification	me				
	1 Upload Files	Or drop files				
	Upload Other Docum Other documents	ents				
	1 Upload Files	Or drop files				
	monthly pay statemen significant expenses y written attestation fro agency may result in d required documentati	ing documentation to demonstrate loss of income, significant cost ts before AND after the impact of COVID-19, letter from my our employer, caseworker, or government agency. The use lelayed processing of your application due to the additional time ion if necessary, this can be found in the user guide. Informotor COVID-19 Hardship	ver showing a decrease in income, copies of n federal, state, or local government assistance f written attestations from third parties (e.g.	nedical, childcare, transportation, or other programs such as Medicare, SNAP, TANF, from employer, caseworker or government		
	1 Upload Files	Or drop files				
				Previous Next		
-		section and complete O d supporting documenta		-	-	
•	•	information.			cst to that you are	
□ Once all th		ed information is upload	ed click <b>Next</b> to	continue		





### CERTIFICATION

- Indicate whether you are submitting this application on someone else's behalf by clicking the Yes or No button.
  - If **yes**, enter your personal information as the **preparer** of their application including:
    - First and last name
    - Phone number
    - Email

<ul> <li>Are you submitting this application on someone else's behalf?</li> <li>Yes. No</li> </ul>	
* Preparer's first name	* Preparer's last name
* Preparer's phone#	* Preparer's email











### □ Indicate that you have read and understand the **Acknowledgements** and an electronic signature.

#### ACKNOWLEDGEMENTS

- I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the Arkansas Rent Relief Program.
- I/We understand that the information provided in this application and the information provided in all supporting documents and forms is
  true and accurate in all material respects. I understand that knowingly making a false statement to obtain these funds may be punishable
  under the state, federal or local law, including under 18 USC 1343 by imprisonment of not more than thirty years and/or a fine of up to
  \$1,000,000 and Ark. Stat. Ann 6-3-402 by imprisonment for not more than ten years and/or a fine up to \$10,000.
- I/We also understand that false statements or information will be grounds for denial of my/our application, termination of rental or utility
  assistance, and/or debarment from participating in other current or future assistance programs.
- I/We understand that this is an application for assistance and signing this application does not bind the Arkansas Rent Relief Program to
  offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- "I/We have no objection to inquiries from the State of Arkansas or its designee to its agencies and instrumentalities for the purpose of verifying the facts herein stated and hereby consent to disclosure of information between such entities, including providing additional documentation if needed or as part of random and routine audits."
- · I/We have no objection to inquiries from the State of Arkansas or designees for the purpose of verifying the facts herein stated.
- I/We have received, read and understand the Arkansas Rent Relief Program eligibility requirements, program guidelines and compliance requirements.
- · I/We understand that we may be subject to future audits and I/We agree to cooperate in providing information for any future audit.

I/we have read and understand the acknowledgements above

#### Electronically sign











#### REVIEW

Review the information you have provided prior to submitting the application, including:

- o Renter name
- o Phone number
- o Email address
- o Rental property address
- o Landlord
- o Household members
- o Total rent assistance requested
- o Total utility assistance requested
- o AMI percentage

THUMAN	Home	Apply	Track Status	Help & Support	Language Preference	۹
		Renter Application	As you complete this form, if may be helpful to have the • Photo ID • U • Lease Agreement • S • Photof of Income (W-9 or Pay Stub)	tility Bills		
			0-	o−o−o−∘ Review		
			Review			
		Please review you	ur application before submit.			
		<b>Tenant</b> Doe John				

□ After reviewing the information above, click **Submit**.







### CONFIRMATION

Once the application is submitted, a confirmation will appear with the application number. □ Click **Done** to complete your Arkansas Rent Relief Program application.

#### Confirmation

Your Rent Assistance Application # was submitted. We'll update you on your application status throughout the approval process by email. Refer to Application # if you contact us. Thank you!



Done



DOCUMENT / INFORMATION	EXAMPLES		
Documentation	<ul> <li>Government issued photo identification (e.g. driver's license, passport, military ID, U.S. permanent resident card, etc.)</li> <li>Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance</li> <li>Proof of income for each household member (e.g. 2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months)</li> <li>COVID-19 impact on income (e.g. 2019 Pay Statements or 2019 W2 compared to 2020 Pay Statements or 2020 W2)</li> <li>Unemployment benefit statement or Form 1099-G</li> <li>Relevant eviction notice or statement/letter of past-due rent</li> <li>Utility bill(s) for the amount you are requesting financial help</li> </ul>		
Driver's License Sample	ARKANSAS DRIVER'S LICENSE CLASS D CLASS D CLA		

