



Kitsap Eviction Prevention Assistance (KEPA) Pre-Application

(Includes Rental Assistance and Utilities Assistance for Rental Tenants)

Overview

- **Program:** Assistance for qualified Kitsap County Residents with past due utilities or past/future rent
- **Eligibility:** Renter households earning under 50% Area Median Income and affected by the COVID-19 Pandemic. A Tenant or a Landlord may submit the pre-application, but both must participate in the process.

| Kitsap County | Number of Persons in Family | | | | | | | |
|--------------------------------------|-----------------------------|----------|----------|----------|----------|----------|----------|----------|
| 50% Annual Area Median Income Limits | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | \$32,950 | \$37,650 | \$42,350 | \$47,050 | \$50,850 | \$54,600 | \$58,350 | \$62,150 |

| | | | | | |
|--|--|--|------------------------|----------------------|--|
| I am the: <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant | | I am applying for: <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Utilities Assistance | | Today's Date: | |
| Tenant Name: | | <i>First</i> | | <i>Last</i> | |
| Tenant Address: | | | | | |
| Tenant Phone: | | | Tenant Email: | | |
| Landlord Name: | | <i>First</i> | | <i>Last</i> | |
| Landlord Address: | | | | | |
| Landlord Phone: | | | Landlord Email: | | |
| **Admin Only** | | Referring Agency: | | | |

INCOME ELIGIBILITY: Must be under 50% AMI (see chart above)

List ALL household members below, starting with yourself as Head of Household. List ALL household income below for each household member. Please list each person with income, each source of income, and the monthly \$ amount.

| Full Name (First Name, Last Name) | Age | Date of Birth | Gender Identity ¹ | Race(s) (see key below ²) | Hispanic Y/N | Relationship To You | Source of Income ³ | Current Monthly Income |
|---|-----|---------------|---------------------------------|---|-----------------|------------------------|----------------------------------|------------------------------|
| | | | | | | SELF | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Household Total Current Monthly Income: | | | | | | | | |
| Household Total Annual Income (Multiply monthly income by 12): | | | | | | | | |

¹ (M=Male, F=Female, MTF = Trans Female, FTM = Trans Male, GC= Gender non-conforming, R=Refused/Don't know)

² (B=Black/African-American, A=Asian, N=Native American/Alaskan Native, P=Pacific Islander, M=Multiracial, W=White, R=Refused/Don't know)

³ Examples: Employment, SSI, SSDI, TANF, Unemployment, Child Support, etc.

**Submit application in person at 1201 Park Avenue, Bremerton, or apply at kcr.org **

For assistance please call Kitsap Community Resources at (360) 473 – 2035

HOUSING STATUS

Tenant’s Monthly Rent Amount: \$ _____ # of Bedrooms: _____ Is your housing subsidized? Yes No

Do you currently owe back rent? Yes No If **YES**, how much do you owe? \$ _____

For which months do you owe? _____

UTILITIES

Are you requesting help with past due utilities? Yes No

Are you requesting utility assistance only? Yes No

Utility: _____ Amount Owed: _____

Utility: _____ Amount Owed: _____

Utility: _____ Amount Owed: _____

HOUSING CHALLENGES

Does your household have any of the following disabilities or barriers to housing?

- Previous experience of homelessness within the last 5 years (include couch surfing/double up) --- Yes No
- Eviction History in the last 7 years --- Yes No
- Has your housing ever been disrupted due to household member race, ethnicity, gender identity, sexual orientation, or religion? --- Yes No
- Over the age of 62 or have underlying health conditions that put you at risk of severe illness --- Yes No
- Disability of any member of the household. Includes a physical, developmental, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. A person with HIV/AIDS is considered disabled for this program. --- Yes No
- If you are under the age of 24, have you/are you a recipient of any of the following: foster care, adoption, mental health, drug, or alcohol treatment, court systems? --- Yes No
- Do you have a mental health diagnosis? --- Yes No
- Are you currently receiving behavioral health or substance use treatment? --- Yes No

FINANCIAL HARDSHIP

One or more household members are unemployed --- No Yes Dates of unemployment: _____

Household has experienced a financial hardship directly or indirectly due to the COVID 19 pandemic. --- Yes No

DOCUMENTATION

| | | |
|---|---|---|
| PLEASE SUBMIT THIS PRE-APPLICATION WITH THE FOLLOWING: | | |
| 1. Copy of Lease | | |
| <input type="checkbox"/> Lease attached | <input type="checkbox"/> I have a lease, but need help obtaining it | <input type="checkbox"/> I do not have a lease |
| 2. Proof of Income or Unemployment Benefits (This can also be a 2020 tax return or W2) | | |
| <input type="checkbox"/> Proof of income attached | <input type="checkbox"/> I have proof of income, but need help obtaining it | <input type="checkbox"/> I don’t have proof of income |
| 3. Utility Bills (If applicable) | | |
| <input type="checkbox"/> Utility bill attached | <input type="checkbox"/> I need help obtaining it | <input type="checkbox"/> Not requesting utility help |

Please note this pre-application can be submitted without documentation, but processing times might be delayed

Applicant Signature _____ Date _____

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CLIENT CONSENT FOR KCR TO SHARE INFORMATION WITH YOUR LANDLORD AND KEPA LIAISON

PURPOSE OF THIS FORM

Welcome to KITSAP COMMUNITY RESOURCES (KCR). The purpose of this form is to obtain your consent to share your information with your landlord regarding your housing.

PLEASE READ THE FOLLOWING CAREFULLY

KITSAP COMMUNITY RESOURCES (KCR) is requesting your permission to share your housing information and records within KCR in order to provide you with outreach services that are provided by other KCR programs and your landlord.

You are not required to give your consent to share this confidential and personal information.

If you do agree to share your confidential information and personal records, this information will be shared with your landlord and KCR programs only on a need-to-know basis.

The sole purpose of revealing this information will be to enable the staff of Kitsap Community Resources to provide you with appropriate level of services.

If you do not consent to share your confidential information and records, those records will only be shared to the extent allowed by state and federal law.

I, _____, authorize Kitsap Community Resources permission to speak and/or contact the following person and/or organization regarding my housing.

LANDLORD

KEPA LIAISON

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

I voluntarily allow the above named parties to obtain and/or release information regarding my housing. I understand this information will not be forwarded to anyone other than the parties listed above, without my written permission. I can revoke this consent at any time. This consent form expires December 31, 2021.

Signature

Date

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