



Phone: 864.598.6000  
 Mailing: P.O. Box 2828, Spartanburg, SC 29304  
 Physical: 170 Arch Street, Spartanburg, SC 29303

SPARTANBURGHOUSING.ORG   

## EMERGENCY RENTAL ASSISTANCE PROGRAM PRELIMINARY APPLICATION

PLEASE PRINT

Head of Household's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Mailing Address (if different) \_\_\_\_\_

City

State

Zip Code

Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

### I. HOUSEHOLD COMPOSITION (ADULTS ONLY) List all adults 18 and over, who reside in your household

Adults (Legal Name)	Social Security Number	Date of Birth	Relationship to Head	Indicate if Married (M), Widowed (W), Separated (Sp), Divorced (D) or Temporarily Absent (T) Single (S)	Sex
1.			HEAD		
2.					
3.					

### MINOR (AGE 0-17) HOUSEHOLD MEMBERS ONLY

Name	Social Security Number	Date of Birth	Relationship to Head	Sex	Absent Parent's Name and Address
1.					
2.					
3.					
4.					

**II. TOTAL HOUSEHOLD INCOME:** List all money earned or received **MONTHLY** by everyone in your household. This includes money from employment, self-employment, child support, contributions, TANF/Work First, Social Security disability, SSI, Pensions, Retirement, Workmen's Compensation, Unemployment, Food Stamps, rental property income, stock dividends, alimony, financial aid and all other sources.

HOUSEHOLD MEMBER	EMPLOYER'S NAME AND PHONE #	WAGES	TANF/ Food Stamps	CHILD SUPPORT	SOCIAL SECURITY	SSI	UN- Employment	OTHER INCOME
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$



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### Racial and Ethnic Group

Race: ☐ White/Caucasian ☐ Black/African American ☐ American Indian/native Alaskan ☐ Asian/Pacific Islander

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

### Assistance Needed With

- ☐ Water Bill  
☐ Sewer Bill  
☐ Home Energy Assistance  
    ☐ Electricity  
    ☐ Natural Gas  
    ☐ Propane  
☐ Housing (Rent Assistance)  
☐ Other (Please explain): \_\_\_\_\_

### Are you Dealing with any of the following critical issues

- ☐ Eviction Notice  
☐ Disconnection Notice  
☐ Home Energy/Utilities Reconnection  
☐ Loss of Employment  
☐ Loss of Other Income (list income): \_\_\_\_\_  
☐ Reduction in hours  
☐ Other Expenses (please explain): \_\_\_\_\_

### Required Documents

- ☐ Current South Carolina ID (Applicant Only)  
☐ Social Security for all household members  
☐ Proof of Income for all household members age 18 and older for the last 60 days  
☐ Current Bill(s) needing assistance with

Spartanburg Housing will modify policies, rules and procedures in order to accommodate persons with disabilities so that such individuals can make effective use of the housing programs:

### Applicant/Resident Declaration:

I certify that the information given to Spartanburg Housing on household composition, income and assets is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in the above circumstances within ten (10) days of its occurrence. I understand that any attempts to obtain assistance by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Title 18, Section 1001 of the US code and Section 16-13-437 of the State of South Carolina code as follows:

**WARNING!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELON FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITES STATES.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date