



## **COVID-19 Short-Term Rental Assistance Program** Program Description

In response to the COVID-19 crisis and the economic impacts on Juneau households due to the loss of employment and the inability to cover rent, CBJ has created the COVID-19 Short-Term Rental Assistance Program.

\$200,000 has been made available to assist workforce housing renters (up to 120% AMI).

Alaska Housing Development Corporation (Gruening Park) in partnership with Gastineau Human Services will operate the program, similar to a rental assistance program already in place. Funds will be passed through the Juneau Community Foundation.

Key components of the program include:

- A focus on households where a member has lost their job and are unable to meet rent;
- Income limits up to 120% AMI to include workforce housing; and
- Program to cover rent only (no damages, down payment, utilities, late fees etc.).

The program will require the following documentation for all household members:

- Proof of lay-off status or reduction in employment due to COVID-19;
- Current 30-day bank statement;
- Copy of lease;
- Copy of late notices;
- Release of information;
- Proof of any income the last 30 days; and
- *Complete* application packet

To apply for the rental assistance program, please contact Shari Partin, Program Coordinator at:

**Alaska Housing Development Corporation**  
**1800 Northwood Drive**  
**Juneau, Alaska 99801**  
**(907) 780-4475**

This program developed in partnership with the Juneau Community Foundation, Alaska Housing Development Corporation, and Gastineau Human Services.



155 S. Seward St. Juneau, Alaska 99801  
Scott.Ciambor@juneau.org  
Voice (907) 586-0220  
Fax (907) 586-5385

## COVID-19 Short-Term Rental Assistance Program Application Checklist

Dear Applicant:

In order to process your application, we will need copies of the following:

- Completed Application (pg. 4);
- Proof of layoff status or reduction in employment due to COVID-19;
- Verification of all household members income for the last 30 days;
- Verification of 30-day current bank statement (all bank accounts);
- A copy of your lease;
- A copy of your late notice;
- A copy of all Adult members identification; and
- A copy of any letters you have received from places you have gone for assistance.

Once **all of your documents** are received, the application will be processed. The application process typically takes between 3-5 business days.

Please make sure your phone number is provided for further contact.

**Shari Partin**  
**Program Coordinator**  
**907-780-4475-Phone**  
**907-780-4533--Fax**



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## COVID-19 Short-Term Rental Assistance Program Consent to Release Information

Name: \_\_\_\_\_

I hereby authorize the release of the following information:

- Income verification and/or banking information;
- Housing and information related to me and my household; and
- Other: \_\_\_\_\_

The Information identified above may be released to and or released by:

- Alaska Housing Development Corporation; and
- Other: \_\_\_\_\_

The information will be exchanged for the purpose of verifying need and providing rental assistance.

The release will expire on January 1, 2021 when the COVID-19 Short-Term Rental Assistance Program ends. I understand that this consent may be revoked by me in writing at any time, but that the revocation will not cover information that has already been released based on this authorization.

As part of the grant agreement with the City and Borough of Juneau, aggregate data for the program will be reported. Information to include number of applicants, total amount of funds dispersed, and average funding award per household.

AHDC: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## COVID-19 Short-Term Rental Assistance Program Application

Applicant(s) Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

List of all Household Members (Name/DOB):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Assets – All Household Members

1. Do you have a bank account?  Yes  No  
If yes: Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

### Income – All Household Members

1. Are you currently employed?  Yes  No

2. List all sources of household income for the last 30 days.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please provide contact information for your Landlord:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. What were the circumstances that caused you to get behind on your rent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please show where you have applied for assistance with this problem? (E.g. Public Assistance, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_