



Shelter Arrears Assistance Questionnaire
 Erie County Department of Social Services
 Division of Family Independence | Temporary Assistance
 B-5884 (5/2020)

Name

Address

Head(s) of Household/Tenant(s) of Record at your address

Please provide lease or landlord form (completed by owner or property manager only) with application.

1. Explain, in detail, what has caused you to fall behind on your rent, mortgage, or taxes for the months owed.
You may be required to submit verification of this reason.

2. Are there any other adults in your household responsible for paying a portion of the rent, mortgage or taxes?
 Yes No

If yes, who? And how much is their portion?

_____ \$

_____ \$

_____ \$

3. Do you, or are you going to, receive any rental assistance from an outside agency that pays a portion of your rent/mortgage each month?
 Pending Receiving N/A

Type of Rental Assistance (*Please provide portion letter with application*)

N/A Rental Assistance Corp Belmont Cazenovia Recovery
 Evergreen Health Services BMHA Other: _____

4. What income and resources do you have available to pay your future rent, mortgage, or taxes each month?
All income and resources must be verified to determine eligibility.

Signature	Date
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