GENERAL RENT ASSISTANCE and EMERGENCY ASSISTANCE
APPLICATION SAMPLE

This is not an application for assistance. It is provided as a sample of the application questions. All or some of these may questions may appear on the online application. This is not the same application as the COVID19 rent assistance online application.

MSC Rent and Emergency Utility Assistance Application - Kent

Name *

First

Last

Phone *

Email *

Address *

Street Address

City *

Kent

Zip Code *

Are you a homeowner? *

○ Yes

○ No

Have we ever assisted you before? *

○ Yes

○ No

If yes, when and for what assistance?
How many adults (18+) in your household? *

Please enter a number greater than or equal to 1.

How many children (under 18) in your household? *

Please enter a number greater than or equal to 0.

Household Income *
Please list all income for all adult (18+) members of the household. Include all sources of income including TANF and Social Security. Please list in the following format: Name, Age, Source, Hourly Wage, Hours Worked per Week, Weekly/Monthly Amount. For example: Jane Doe, 27, TANF, $404; John Smith 29, McDonalds, $13/hour, 24 hours/week, $1248 monthly.

1. Name, Age, Source, Hourly Wage, Hours Worked per Week, Weekly/Monthly Amount
2. Name, Age, Source, Hourly Wage, Hours Worked per Week, Weekly/Monthly Amount

Are you seeking rent or utility assistance? *
Utility assistance is not available in Federal Way

○ Rent Assistance
○ Utility Assistance
☒ Both

Rental Property Name
Please list apartment complex name. If private home/landlord please state this.

What is your current monthly rent?

How much rent do you owe?
How much do you have toward these costs?

Do you have Section 8 or other housing subsidy?
- Yes
- No

Date 14-day notice issued
If you do not have a 14-day notice, please do not select a date.

If for move-in costs, why are you moving to a new place?

Utility Company Name

How much do you owe on your utility bill?

Do you have an urgent or shut-off notice?
- Yes
- No

Date to be shut off.
If you do not have a shut-off date, do not select a date.

Why are you unable to meet this need on your own? *

0 of 500 max characters
How will this be resolved in the future? *

0 of 500 max characters

Confidentiality of Information *

☐ I understand that my records are protected under Federal and State Law and cannot be disclosed to outside parties without my express consent.

CAPTCHA

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

Submit