

## Apply for Project PRC's Rental Assistance Program

JOIN PROJECT PRC: END EVICTIONS, PROMOTE STABILITY

First Name (leaseholder)	L	Last Name	
Address		Apartment/Unit #	
City	State	Zip Code	
Email Address		Phone Number	
Household Size	Monthly R	ent Amount \$	
How many months are	you currently behind in p	payments	
What is the gross mon	thly income for the past 3	30 days, for the entire household	
What is your household	d's hardship? Please che	eck all that apply.	
□ Illness			
Loss of job			
□ Reduced wo	ork hours		
Unexpected	emergency expenses		
If you chose "unexpected emer	gency expenses" above,	please indicate your hardship here:	
		CORP.	
	Applications will be revie	juarantee of assistance. All applications are ewed individually to determine a household's .P.).	
Signature	Print Nam	Date	
Please review the application t	o ensure contact informa	tion was typed correctly and all fields are	

Please review the application to ensure contact information was typed correctly and all fields are complete. Please DO NOT submit multiple applications. When completed email Amber Martin LMSW, National Program Director, at Amber@ProjectPRC.org.