

Rental Assistance Requirements

INSTRUCTIONS FOR EMERGENCY AND INCREMENTAL HOUSING RENT CLASSES

Rent Verification Letter MUST be filled out by property owner or landlord BEFORE your INTERVIEW.

Return completed form between 9:00am - 11:30am and request an interview on the designated “Rent Application Day” each month.

Rent is available on a first come first serve basis

- The following types of assistance are available:
 - Partial Emergency Rent-assistance with current month’s rent
 - Partial Past Due Rent-assistance with previous month’s rent
 - Partial First Month’s Rent-assistance at a new residence
 - Cannot assist with any deposits
 - Must have applied, paid deposits and been accepted to move into residence
- Must have a Longview address
- Must not ever had Incremental Housing rent classes
- May not have rent amount adjusted due to income (City housing, HUD housing, Habitat Housing, Home Tax Credit Property or any type of subsidized rent) – must be paying “market rate”
- Must have the following in hand when you come for your appointment:
 - **Completed Rent Verification Letter**
 - ***Photo ID***
 - ***Social Security cards for all members of the household***
 - ***Proof of income (last pay stub or current award letter) for all adult members of household***
 - ***Must answer Intake questions regarding expenses***



506 N. 2nd Street
Longview, TX 75601
(903) 753-3561

P.O. Box 1023
Longview, TX 75606-1023
(903) 753-0515 Fax

Rent Application

Date _____

Tenant phone # _____

This letter confirms the following ADULTS are living in the household.

Name: _____ SS # _____ DOB _____

Name: _____ SS # _____ DOB _____

IS THIS PROPERTY SUBSIDIZED OR A TAX CREDIT PROPERTY? YES OR NO

**ARE ANY ADULTS RECEIVING A HOUSING VOUCHER OR
HOUSING ASSISTANCE? YES OR NO**

Property Address _____

Total Monthly Market Rate Amount \$ _____ Tenant's Monthly Amount \$ _____

Amount Past Due \$ _____ Late fees \$ _____

***NOTE: LCM DOES NOT PAY DEPOSITS OR LATE FEES**

Property Owner's Name _____
Ownership of this property will be researched and determined valid BEFORE any LCM funds will be expended

Mailing Address (for check): _____

Landlord Name (printed) _____

Business Phone: _____ Cell phone: _____

Landlord signature _____ Date _____

Acceptance of payment will guarantee residency for an additional 30 days. LCM will pay a partial payment

FOR LCM USE ONLY:

Past due _____ CK # _____ Amount _____ Date _____

Verification Notes _____

Staff Signature _____