

CITY OF NORMAN

Application for Rent/Utility Assistance

U.S. Department of Housing and Urban Development

CDBG/CDBG-CV Cares Act Programs

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APPLICANT
NAME Last/First/Middle

email completed form and attachments to:
CDBG.Rent@normanok.gov

OK DL/ Other State ID#

Address

Zip Code

Email

Telephone

HOUSEHOLD INFORMATION

	LIST EACH MEMBER OF THE HOUSEHOLD BOTH RELATED AND NON RELATED	GENDER (M OR F)	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP TO APPLICANT	ETHNICITY Are you of Hispanic or Latino Origin? Y or N	RACE Please indicate using the codes below
1				Self		
2						
3						
4						
5						
6						
7						
8						

RACE- Select one category applicable to each person in the household. Write the number in space designated.

- 11 White 12 Black/African American 13 Asian 14 American Indian/Alaskan Native 15 Native Hawaiian/Other Pacific Islander
16 American Indian/Alaska Native and White 17 Asian and White 18 Black/African American and White
19 American Indian/Alaska Native and White 20 Other Multi Racial

MONTHLY HOUSEHOLD INCOME PRIOR TO MARCH 13, 2020

	LIST EACH MEMBER OF THE HOUSEHOLD BOTH RELATED AND NON RELATED	Employment, Unemployment, Worker's Comp	Social Security, SSDI, VA Disability	TANF/WIC	Pension, Retirement, VA Benefits	Other income, Alimony, Child Support, etc.
1						
2						
3						
4						
5						
6						
7						
8						

MONTHLY HOUSEHOLD INCOME AFTER MARCH 13, 2020

	LIST EACH MEMBER OF THE HOUSEHOLD BOTH RELATED AND NON RELATED	Employment, Unemployment, Worker's Comp	Social Security, SSDI, VA Disability	TANF/WIC	Pension, Retirement, VA Benefits	Other income, Alimony, Child Support, etc.
1						
2						
3						
4						
5						
6						
7						
8						

HOUSING INFORMATION

Property Manager/Landlord Name _____ Telephone _____
Address where rent is paid _____

UTILITY ACCOUNTS

Electric
OG&E Name on Account _____
OEC Account Number _____

ONG - Gas
 Name on Account _____
 Account Number _____

City of Norman - Water
 Name on Account _____
 Account Number _____

Please attach a copy of the following:
State issued ID for all adults in household
Lease
Payroll Stub dated prior to March 13, 2020, If hours were reduced, please also provide a payroll stub that indicates reduction that is dated after March 13, 2020
If unemployed or lapse of employment: documentation of filing for unemployment
Copies of Electric, Gas, and Water Bills

By the electronic submittal of this application and required documentation, I hereby certify that this information is correct. Any falsification of information is subject to Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to a department of the United States Government, and may be fined not more than \$10,000 or imprisoned for not more than five years, or both. Initials _____

By the electronic submittal of this form, I certify that I am not currently receiving any Section 8 Rental Assistance or reside in any Public Housing Unit. Initials _____

By the electronic submittal of this form, i certify that I have not received rent or utility assistance for this time period. Initials _____

Please take the time to describe your household has been affected by the COVID-19 Pandemic.