

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				<b>Self</b>		
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 BEING AFFECTED BY THE CORONA VIRUS**

	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 AFTER BEING AFFECTED BY THE CORONA VIRUS**

	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 \_\_\_\_\_

**Please attach a copy of the following:**  
State issued ID for all adults in household  
Lease  
Payroll Stub dated prior to being affected by COVID-19. 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

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.

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.