



WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL

“Your Community Action Agency”

**Emergency Rental Assistance Program
Intake Form (Rental Arrears)**

Name: _____ Date: _____

Current Address: _____

New Address: _____

Family Size: _____ Adults: _____ Children _____

Gross Annual Income: \$ _____ FPIG _____ %

A. How many adults are currently employed in the household? _____

B. Did you apply for Emergency Shelter Allowance (ESA) from CAO? _____

Did you receive ESA? _____ Amount received _____

C. Why are you being evicted? _____ New Housing? _____

D. Have you received HAP rental assistance already this year? _____

Last 2 years? _____ From what agency? EOC _____ Salvation Army _____

E. Household is _____ Literally homeless or _____ Nearly homeless

Please explain: _____

If income is above 200%, the client is considered to have income adequate for living expenses.

My signature indicates that I understand that not completing my follow-up with the Homeless Assistance Program directly affects my ability to receive HAP funding in the future.

Client Signature: _____ Date: _____



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