

**Submit completed application with supporting documents to:**

**Please:**

Print clearly.

Do NOT include original documents (we require photocopies only).

**Avoid Processing Delays:**

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed and dated.
- Complete all sections and declarations.
- Include all supporting documents as listed in the attached checklist.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

The Coronavirus Relief Fund (CRF) Eviction Diversion Program (EDP) is designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes. The program utilizes a specially designed process to quickly provide rental assistance for eligible renters who have been impacted.

**Who is eligible?**

You may be eligible for the Eviction Diversion Program (EDP) if you and your family, if applicable, meet **all** the following conditions:

1. Have received a notice to quit or a court ordered summons, complaint or judgment for unpaid rent after March 1, 2020.
2. Gross household income up to 100% area median income (AMI)
  - Must provide at least 4 weeks or one month of pay stubs or benefit information to document current earned and/or unearned income.
3. A state ID in the tenant's name (with supporting proof of residency if the address does not match the unit)
4. A lease agreement in the tenant's name (if a written lease was completed)

For more information on eligibility, please contact:

# Eviction Diversion Program (EDP) Tenant Application

## 1. Tenant Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Household Information – List all other persons living with you.

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

\*Complete additional pages as needed to respond for all household members



## Eviction Diversion Program (EDP) Tenant Application

### 3. Household (Contract Unit) Address

Address (Number and Street Name, Apt., etc.)	City	State	Zip Code
--	------	-------	----------

### 4. Mailing Address, if different than above

Address (Number and Street Name, Apt., etc.)	City	State	Zip Code
--	------	-------	----------

### 5. Contact Information

Phone Number to reach you	Contact name and number to leave messages	Email Address
---------------------------	---	---------------

**6. Household Income** – Does your household have any income?  **No**  **Yes** → Total monthly household income \$ \_\_\_\_\_

Please check **all** sources of income that your household received in the last 30 days. **ATTACH PROOF**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Social Security benefits   | <input type="checkbox"/> Disability benefits    | <input type="checkbox"/> Employment/earned income  |
| <input type="checkbox"/> Supplemental Security Income (SSI)   | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation     |
| <input type="checkbox"/> Pension/retirement benefits  | <input type="checkbox"/> Unemployment           | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments   | <input type="checkbox"/> Child Support          | <input type="checkbox"/> Other, please list        |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) |   |  |
| <input type="checkbox"/> Rental income or a land contract, mortgage or other payment payable to a household member                |   |  |

Household Member Name*	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

\*Complete additional pages as needed to respond for all household members

### 7. Rental Information

Move-in date	Contract Rent amount	Date of Last Payment
Owner/Landlord Name		
Are you past due or delinquent on your rent?		Amount past due or delinquent (without late fees)
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

### 8. Tenant Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances.	
Tenant Signature	Date



## Eviction Diversion Program (EDP) Tenant Application

### Checklist

Before submitting this application for the Eviction Diversion Program (EDP), please review the following to make sure that all required information is included with the application.

- Copy of a notice to quit or a court ordered summons, complaint or judgement
- Copy of state ID for the tenant applicant (with proof of residency if address does not match the unit)
- Most current copy of lease agreement in tenant's name (if a written lease was completed)
- Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18;
- Eviction Diversion Program (EDP) Owner/Landlord Application (landlord may also submit separately)