THE HOUSING PARTNERSHIP

As of 9/14/21

Maplewood Rental Assistance Program

Program Overview

The Housing Partnership, Inc., (THP) is a HUD approved agency facilitating Rental Assistance for the City of Maplewood. This program is available for certain households who are behind on their residential rental payments. Eligible households who are behind in their rental payments can receive **up to 3 months of assistance** to bring tenant(s) current according to their rental lease contract.

Late fees will not be covered in the assistance. Tenant(s) must be able to become current on their rental lease, including late fees. The program covers past owed months from the date we receive your documentation. We cannot pay for future months where you expect to be late.

To see if you might possibly qualify, ask yourself these questions:

YES or NO ???	1. Are you currently behind in your residential rental payments?
	2. Do you live at the property listed on the lease?
	3. Is the rental property you live at located in the City of Maplewood?
	4. Is your annual household income (from **all** people living in the home) no more than the limits indicated below?

Household Size	1	2	3	4	5	6	7	8
Income Limit	$47,550	$54,350	$61,150	$67,900	$73,350	$78,800	$84,200	$89,650

What if I owe more than 3 months on my rental lease?

If you owe more than 3 months of payments, there are options that could provide a solution for the remaining months owed.

This can be done in two ways:

1) We can accept a pledge letter from another agency/organization/individual verifying they will cover the remaining months/amount owed to bring you current.
2) You must be able to cover the remaining amount yourself (including all late fees, if applicable) at the time our payment is issued to your Landlord / Property Manager.

Remember: You must become current as a result of this assistance. There can be no outstanding amount due to your Landlord / Property Manager, including late fees.

P.O. Box 16356
729 Lemay Ferry Rd
St. Louis, MO 63125

Phone: 314-631-9905
Fax: 314-631-4921
info@thehousingpartnershipstl.org

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THE HOUSING PARTNERSHIP

As of 9/14/21

Documentation to Fill Out for THP

See information below for instructions on the documents contained in this packet.

Income Certification **(1 page)**
This form must be completed in its entirety.

Source of Income Documentation Form **(1 page)**
This is a form you must sign and includes a list of documents you must bring with you. All income documentation must be collected for everyone age 15 and older.

This form will need to be completed for **everyone age 15 and older** who receives income. If age 18 and older, they will need to sign their own copy of this form.

Duplication of Benefits **(2 pages)**
You must fill out this form for any applicable funding you receive (even if it is $0).

"Affiant" and "Recipient" both refer to you as the Tenant and/or Co-Tenant.

On page 2, leave item #4 blank. Our staff will fill that amount in later once we verify how much assistance the household will receive.

Intake Packet with Disclosures **(12 pages)**
This form must be completed in its entirety with all disclosures signed. If there is a significant other/spouse/other head of household living in the home, please include them as Co-Tenant, even if they are not on the lease.

Note: On page 12 (Authorization to Release Information), only the individual(s) on the residential lease need to fill in their information, as this document will be sent to your Landlord / Property Manager.

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Documentation to Gather for THP

Along with the forms included in this packet, we will also need copies of the following documents:

Income Documentation
All income documentation must be collected for everyone age 15 and older. A specific list of items needed is given on the Source of Income Documentation Form.

For any household members age 18 or older who **do not** receive income, they must sign a Statement of Zero Income to be notarized by a notary. We will send that form to you if applicable.

Bank Statements
Most recent 1 month of bank statements of all accounts that you hold individually and/or jointly. All pages must be included even if it is a blank page.

Photo ID
Must be for everyone listed on the lease.

Residential Lease/Rental Agreement
This must be the most recent version available that you and your Landlord / Property Manager has signed.

If you do not have a written lease, we will send a form to your Landlord / Property Manager to complete confirming details of your rental agreement and delinquency.

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After Application Review

After we have time to collect and review all of your documentation, we will send your Landlord / Property Manager your signed Authorization to Release Information so they are able to send us the documents / information we need to verify your residency and delinquency.

*****We do a lot of work in the background on your behalf, and your patience throughout this process is greatly appreciated.*****

Final approval of the file is a three-step process:

1) **Qualification:** Our housing counselors will review the completed packet to determine eligibility.
2) **Final Approval:** Counselors will submit the completed packet for a review and potential approval.
3) **Funding Request:** Assuming final approval is given, we will then be able to submit a request to have funding issued.

Funds will be mailed directly to the Landlord / Property Manager along with funds you may be providing to cover additional months and / or late fees not paid to get you current on your rent.

By signing this form, I agree to the terms and conditions of the Maplewood Rental Assistance program. I acknowledge that my full and timely participation is required to contribute to my household's success and that there are no guarantees The Housing Partnership, Inc. will be able to help me.

Tenant Signature _____ **Date** _____

Co-Tenant Signature _____ **Date** _____

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EQUAL HOUSING OPPORTUNITY

St. Louis County Department of Planning
Office of Community Development

Income Certification for Community Development Block Grant Benefits

The program for which you are applying is partially or wholly funded by the U.S. Department of Housing and Urban Development's Community Development Block Grant Program. As such, participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

PART I: CLIENT INFORMATION

First Name: _____ Last Name: _____ Date: _____

Address (residence): _____ City: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female Did you participate in the program last year? ☐ YES ☐ NO

Ethnicity (must check one):
☐ Hispanic ☐ Non-Hispanic

Female Head of Household (must check one):
☐ Yes ☐ No

Race (must check one):
☐ White
☐ Black/African American
☐ Asian
☐ Nat. Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native
☐ Am. Indian/Alaskan Nat. & White
☐ Asian & White
☐ Black/African American & White
☐ Amer. Ind./Alaskan Nat. & Black
☐ Other Multi-Racial

PART II: FAMILY INCOME INFORMATION

Enter the name, date of birth, relationship and annual income for all individuals in the your family. A family is defined as all persons residing in the same household who are related by birth, marriage or adoption. Annual income includes wages, salaries, tips; self-employment or business income; unemployment & disability income; retirement & insurance income; public assistance; interest and dividend income; alimony; child support; gift income; and armed forces income for all family members 15 years of age and older. Each family member over the age of 15 with income will be required to submit a Source of Income Documentation Form (and the related attachments).

	Name	Date of Birth	Relationship	Annual Income
1			client	
2				
3				
4				
5				
6				
7				
8				

What is the total annual amount of your family income? _____ (sum lines 1 - 8)

Certification: (Please read before signing)
This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make a false or fraudulent statement to any department of the United States Government. By signing this document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program. I authorize the release of said information to St. Louis County and state and federal agencies.

Print Name (applicant)	Signature	Date
Print Name (parent/guardian if applicant is a minor)	Signature	Date

St. Louis County Department of Planning
Office of Community Development
Source of Income Documentation Form

Applicants must complete one form for each family member 15 years of age and older and submit the documentation listed. The information on this application and any supporting documentation is necessary for federal reporting purposes and will be used to verify income.

Name: _____ Relationship: _____

Birthdate: _____ Annual Income: _____

Source of Income	Yes/No	Documentation *If yes, please submit the most current documentation available for following:*
Salary, Wages, Tips	☐ Yes ☐ No	Copies of the three (3) most current paychecks/paystubs; **or** Written verification of employment from employer including salary/wage information, number of hours worked each week and the last filed Federal Income Tax Returns.
Self-employed Profits	☐ Yes ☐ No	Account records; **or** Most current quarterly income tax returns
Unemployment Insurance	☐ Yes ☐ No	Copy of award/benefit letter; **or** Copy of most recent check stub
SSI/SSDI - Supplemental Security Income/Disability Aid	☐ Yes ☐ No	
Pension	☐ Yes ☐ No	
Public Assistance Payments	☐ Yes ☐ No	Please specify: _____ Award letter(s) stating the amount of benefit(s); **or** Copy of most recent check(s); **or** Written statement(s) from Caseworker stating the benefit amount(s)
Alimony	☐ Yes ☐ No	Copy of weekly or monthly check; **or**
Child Support	☐ Yes ☐ No	Court decree establishing payments; **or** Affidavit of child support
Interest & Dividend Income	☐ Yes ☐ No	Bank statement showing last 12 months of interest; **or** Investment statements indicating the amount of dividends earned
Rental Property Income	☐ Yes ☐ No	Recent rent check; **or** Copy of rental agreement signed by the current tenant
Other Sources of Income	☐ Yes ☐ No	Please describe:

Certification: (Please read before signing)

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make a false or fraudulent statement to any department of the United States Government. By signing this document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program, and that I may be subject to prosecution under the law. I authorize the release of said information to St. Louis County and state and federal agencies.

_____
Printed Name

_____
Signature

_____
Date

St. Louis County Department of Human Services
Office of Community Development

DUPLICATION OF BENEFITS SELF-CERTIFICATION AFFIDAVIT

_____, being first duly sworn / affirmed according to law, hereby states, under penalty of perjury, the following:
(Printed Name of Affiant)

1. I **(place an "X" next to the statement that applies)** (a)☐ operate as an individual / sole proprietorship **OR** (b)☐ am a duly authorized signatory and representative of the entity named below. I make this affidavit in connection with an award granted through St. Louis County's CARES CDBG-CV Program (the "Program"), submitted by _____, (the "Recipient"), located at _____. The Program is funded by the U.S. Department of Housing and Urban Development with a supplemental appropriation from the Community Development Block Grant – CARES (CDBG-CV) – The Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act).

2. The Recipient has received, or it is reasonably anticipated that the Recipient will receive, the following Federal assistance funding to prevent, prepare for, or respond to the Coronavirus/COVID-19 pandemic (check all that apply **and** include amount):

	Program	Amount
	Public Utility Assistance	$
	Paycheck Protection Program (SBA)	$
	Economic Injury Disaster Loan (SBA)	$
	Express Bridge Loan (SBA)	$
	Debt Relief Program (SBA)	$
	Disaster Relief Fund (FEMA)	$
	Public Assistance Program (FEMA)	$
	Emergency Food and Shelter Program (FEMA)	$
	The Coronavirus Relief Fund (Treasury)	$
	Economic Impact Payments (Treasury)	$
	Commodity Supplemental Food Program (USDA)	$
	Child Nutrition Program (USDA)	$
	SNAP – WIC (USDA)	$
	Nutrition Assistance Block Grant (USDA)	$
	Disaster Household Distribution (USDA)	$
	Summer Food Service Program (USDA)	$
	Emergency Food Assistance Program (USDA)	$
	Pandemic EBT (USDA)	$
	SNAP Emergency Allotments (USDA)	$
	Community Living Allocation (HHS)	$
	Dislocated Workers Grant (Labor)	$
	Supplemental EAA (EDA)	$
	Other: _____	$

3. The Recipient has not received, nor is it reasonably anticipated that the Recipient will receive, any other Federal assistance funds to prevent, prepare for, or respond to, the Coronavirus/COVID-19 pandemic other than that set forth above.

4. The Recipient and/or the organization providing services can produce documentation to support the claimed loss of income related to the Coronavirus/COVID-19 pandemic in the amount of $_____.

5. The Recipient understands that, should the U.S. Department of Housing and Urban Development (HUD) or St. Louis County determine that the Recipient has received a duplication of benefits, the Recipient may be required to repay a portion or all of the assistance by HUD and/or St. Louis County.

6. The Recipient acknowledges and understands that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

_____ Homeowner
Affiant Signature

_____
Affiant Title

_____
Affiant Printed Name

_____
Date

THE HOUSING PARTNERSHIP
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729 Lemay Ferry Rd
St. Louis, MO 63125
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FOR OFFICE USE ONLY

Rec'd date _____

Client #_____

Updated 9/14/21

Intake Packet

Rental Assistance

Have you received notice of an eviction date? **YES NO** If so, eviction date: _____

Have you worked (past or present) with another agency for this issue? **YES NO** Agency: _____

When did your current lease start? _____

When does your current lease end? If month to month, please say so. _____

When was your last on-time rental payment? _____ / _____ / _____
MM DD YYYY

Tenant Name: _____
LAST NAME FIRST MI SUFFIX

Co-Tenant Name: _____
LAST NAME FIRST MI SUFFIX

Landlord / Property Manager (to whom you make your payments)

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Person (if known): _____

Email (if known): _____

Phone #: _____ Fax #: _____

TENANT INFORMATION

LAST NAME _____ FIRST _____ MI _____

Current Street Address _____

City _____ State _____ Zip Code _____

Birth date: _____/_____/_____ **Gender:** _____

Home Number (____) _____-_____ **E-mail:** _____

Cellular: (____) _____-_____ **Gender:** _____

Work: (____) _____-_____

Race (circle any that apply):

American Indian/Alaskan Native
American Indian/Alaskan Native & Black/African American
American Indian/Alaskan Native & White
Asian
Asian & White
Black/African American
Black/African American & White
Native Hawaiian/Other Pacific Islander
White
Other

Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino

Education level (circle one):

Elementary School
Junior High School
High School / GED
Junior College / Associates Degree
Bachelor Degree
Graduate Degree
Tech / Vocational School
Other
None

Marital Status (circle one): Single Married (date: ___ / ___ / ___) Legally Separated*

***Do you have a legal separation agreement?** YES NO

EMPLOYMENT

Primary Employer _____

Street Address: _____ City: _____

State _____ Zip Code _____ Phone Number _____

Hire Date: _____/_____/_____ Title/Position: _____

Yearly Gross Income (before taxes) $_____ Full-Time or Part-Time **(Circle one)**

Pay Frequency: ___ Weekly ___ Every two weeks ___ Twice a month ___ Monthly

*** ***Include additional current places of Employment on page 7*** ***

CO-TENANT INFORMATION

LAST _____ FIRST _____ MI _____

Current Street Address _____

City _____ State _____ Zip Code _____

Birth date: _____/_____/_____ **Gender:** _____

Home Number (____) _____-_____ **E-mail:** _____

Cellular: (____) _____-_____

Work: (____) _____-_____

Race (circle any that apply):

American Indian/Alaskan Native
American Indian/Alaskan Native & Black/African American
American Indian/Alaskan Native & White
Asian
Asian & White
Black/African American
Black/African American & White
Native Hawaiian/Other Pacific Islander
White
Other

Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino

Education level (circle one):

Elementary School
Junior High School
High School / GED
Junior College / Associates Degree
Bachelor Degree
Graduate Degree
Tech / Vocational School
Other
None

Marital Status (circle one): Single Married (date: ___ / ___ / ___) Legally Separated*

***Do you have a legal separation agreement?** YES NO

EMPLOYMENT

Primary Employer _____

Street Address: _____ City: _____

State _____ Zip Code _____ Phone Number _____

Hire Date: _____/_____/_____ Title/Position: _____

Yearly Gross Income (before taxes) $_____ Full-Time or Part-Time **(Circle one)**

Pay Frequency: ___ Weekly ___ Every two weeks ___ Twice a month ___ Monthly

*** ***Include additional current places of Employment on page 7*** ***

HOUSEHOLD INFORMATION

Total Family/Household Size (include yourself in this number): _____

Total yearly income for all household members (before taxes): $_____

Is there anyone else on the rental lease who is *not* living with you? YES NO

Who lives in the home (write down everyone, including yourself):

Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension
Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension
Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension
Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension
Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension
Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension
Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension
Name	Relationship	Age	$_____ per month/year Wages / Child Support / SSI / SSDI / Pension

---

GROSS MONTHLY INCOME (Before Taxes)

Type of Income	**TENANT Monthly Amount**	**CO-TENANT Monthly Amount**
Total All Jobs	_____	_____
Alimony/Child Support	_____	_____
Disability	_____	_____
Self-employment Income	_____	_____
Dependent SSI Income	_____	_____
Retirement/Pension Income	_____	_____
Unemployment	_____	_____
Public Assistance	_____	_____
Other	_____	_____

If applicable, how long will child support last? _____

Is the child support court ordered? **YES NO** If yes, case number(s): _____

You will need to provide proof of all sources of income.

SAVINGS / INVESTMENTS

Please list the approximate balances of **all accounts you may have** (multiple checking accounts, savings accounts, etc).

	TENANT	CO-TENANT
Checking accounts	_____	_____
Savings accounts	_____	_____
Cash	_____	_____
Other (stocks, retirement, etc.)	_____	_____

Are you expecting to receive additional funds?
(i.e. tax refunds, settlements, gift funds, property sales, inheritance, etc) YES NO

If yes, what is the amount of these funds? $_____

What is the source of these funds? _____

ADDITIONAL INFORMATION	TENANT (Circle Answer)	CO-TENANT (Circle Answer)
Are you currently in Chapter 13 Bankruptcy?	YES NO	YES NO
If yes, when did it begin? _____		
When will it be discharged? _____		
How much is the payment? _____		
Have you had a Chapter 13 Bankruptcy in the past 10 years?	YES NO	YES NO
If yes, when was it discharged? _____		
Have you had a Chapter 7 Bankruptcy in the past 10 years?	YES NO	YES NO
If yes, when was it discharged? _____		
Do you currently receive a Section 8 Housing Choice Voucher?	YES NO	YES NO
If yes, how much per month? _____		
Are you a veteran?	YES NO	YES NO
Are you disabled?	YES NO	YES NO
Were you born in the United States of America?	YES NO	YES NO
If no, are you a permanent resident?	YES NO	YES NO
Are you behind on your utilities?	YES NO	YES NO
If behind, have you applied for any utility assistance?	YES NO	YES NO

ADDITIONAL INFORMATION (continued)

How did you hear about us? _____

Do you wish to stay in the rental unit? **YES** **NO**

What caused your current situation?

_____

_____

_____

Is there anything we should know that is NOT mentioned in this intake packet (discussions with landlord, current living situation, household income, household members, etc)?

_____

_____

_____

Tenant / Co-Tenant (CIRCLE ONE) continued – Additional Current Employer

Additional Employer_____

Street Address: _____City: _____

State_____ Zip Code_____ Phone Number_____

Hire Date: _____/_____/_____ Title/Position: _____

Yearly Gross Income (before taxes) $_____ Full-Time or Part-Time (**Circle one**)

Pay Frequency: ___ Weekly ___ Every two weeks ___ Twice a month ___ Monthly

---

Tenant / Co-Tenant (CIRCLE ONE) continued – Additional Current Employer

Additional Employer_____

Street Address: _____City: _____

State_____ Zip Code_____ Phone Number_____

Hire Date: _____/_____/_____ Title/Position: _____

Yearly Gross Income (before taxes) $_____ Full-Time or Part-Time (**Circle one**)

Pay Frequency: ___ Weekly ___ Every two weeks ___ Twice a month ___ Monthly

---

Tenant / Co-Tenant (CIRCLE ONE) continued – Additional Current Employer

Additional Employer_____

Street Address: _____City: _____

State_____ Zip Code_____ Phone Number_____

Hire Date: _____/_____/_____ Title/Position: _____

Yearly Gross Income (before taxes) $_____ Full-Time or Part-Time (**Circle one**)

Pay Frequency: ___ Weekly ___ Every two weeks ___ Twice a month ___ Monthly

INTAKE FORM VERIFICATION

By signing below, I acknowledge the following terms:

- I understand that this form will be used in conjunction with other documents and information in order to determine my eligibility for rental assistance.
- I agree that this form has been filled out truthfully and accurately to the best of my knowledge and ability. If anything on this form should change, I agree to contact The Housing Partnership, Inc. (THP) as soon as possible to correct the information.
- I acknowledge that if pertinent details change on this form and I do not notify THP in a timely manner, it may risk my eligibility for rental assistance.

Tenant Signature **Date**

Co-Tenant Signature **Date**

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Accountability Agreement

The Housing Partnership, Inc. (THP) facilitates the Rental Assistance Program for the City of Maplewood. **I understand that THP does not guarantee me rental assistance funding.** Program requirements may change at any time, and THP will notify me if those changes affect my eligibility.

I understand that receiving rental assistance funding is based on certain criteria:

1. Availability – first come, first served
2. Applicant requirements – income limit, verified residency and delinquency, etc
3. Property requirements – verified lease documentation and current info from Landlord / Property Manager

In order to contribute to the success of the program, I agree to:

1. Provide honest and complete information to THP, whether verbally or in writing
2. Contact THP about any changes in my situation immediately
3. Provide all documentation and information in a timely manner which may include more documentation/information than initially requested

I understand it is my responsibility to adhere to program guidelines. If I do not fulfill the requirements of the program in a proper or timely manner, THP reserves the right to cancel my file in consideration for this program. I understand that if it is found that I do not qualify for the program, then THP cannot provide me with rental assistance.

_____ _____

Tenant Signature **Date**

_____ _____

Co-Tenant Signature **Date**

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THE HOUSING PARTNERSHIP

Conflict of Interest Disclosure

The Housing Partnership, Inc. (THP) is a nonprofit organization that provides home repair services, homebuyer and renter education and counseling, and affordable housing development including both for-rent and for-sale properties. These services are provided to low-income and moderate-income households. As a provider of multiple services, there is a possibility of conflict of interest for potential clients, particularly those seeking education and counseling services.

Since you are or could be receiving education and counseling designed for homebuyers, homeowners, or renters, THP staff want to be clear that you understand that you:

1. Are under no obligation to obtain a loan or grant for home repair, down payment/closing cost assistance, rental assistance, or home purchase from THP or any individual or company they may refer you to;

2. Are under no obligation to rent an apartment or house or to purchase a home from THP or any individual or company they may refer you to; and

3. Are under no obligation to utilize the services of any person or company they may refer you to for real estate, inspections, construction, home repairs, loans, and other services or forms of assistance.

_____ _____

Tenant Signature **Date**

_____ _____

Co-Tenant Signature **Date**

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THE HOUSING PARTNERSHIP

Privacy Policy and Practices

We at The Housing Partnership, Inc. value your trust and are committed to the responsible management, use, and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information.

Information We Collect
We collect personal information to support our housing counseling program and to aid you in qualifying for special funding such as rental assistance, home repair services, down payment/closing cost assistance, refinancing your mortgage, or shopping for and obtaining a home mortgage from a conventional lender. We may collect personal information about you from the following sources:

- Applications or other forms that we receive from you;
- Correspondence about your transactions with us, our affiliates, or others;
- Credit reports from a consumer reporting agency; and
- Personal and employment references.

Information We Disclose
We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income;
- Information about your transactions with us, our affiliates, or others, such as your account balance, payment history, and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit reports, credit history, and creditworthiness.

To Whom Do We Disclose
We may disclose personal information about you to third parties as permitted by law. These third parties may include government and nonprofit organizations involved in community development, where your personal information would only be shared for program review, auditing, research, and oversight purposes. These third parties may also include financial service providers or other entities that may be assisting you with obtaining a home mortgage.

By signing below, you acknowledge and accept the collection and disclosure of personal information as described in this form.

Tenant Signature: _____ **Date:** _____

Tenant Printed Name: _____

Co- Tenant Signature: _____ **Date:** _____

Co- Tenant Printed Name: _____

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THE HOUSING PARTNERSHIP

Authorization to Release Information

I hereby authorize the Landlord / Property Manager to release information about the property and tenant(s) below to:

The Housing Partnership, Inc. (THP)
P.O. Box 16356
729 Lemay Ferry Rd
St. Louis, MO 63125

All information released to THP is related to potential rental assistance they could possibly provide and will remain strictly confidential. This information, written or verbal, can include but is not limited to the below items and what might be included on a Verification of Rent form:

Date of Lease	Payment Due Date	Current Balance
Payment History	Monthly Payment Amount	Amount Past Due/Date of Last Payment

I further hereby authorize THP to furnish any information regarding my financial status which may assist the Landlord / Property Manager in determining whether my current lease may be preserved.

Street address: _____

City: _____ **State:** _____ **Zip code:** _____

Tenant Signature: _____ **Date:** _____

Tenant Printed Name: _____

Co-Tenant Signature: _____ **Date:** _____

Co-Tenant Printed Name: _____

EQUAL HOUSING OPPORTUNITY

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St. Louis, MO 63125

Phone: 314-631-9905
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