

COVID-19 Rent Relief Program (CVRRP) – INTAKE FORM (2021 Phase 1 Funding)

Multnomah County Intellectual & Developmental Disabilities

[Click here to clear form](#)

Person in Services with Mult. Co. IDD:

Intake Date:

Case Manager Name:

Case Management Agency: Mult. Co. IDD CPI Inclusion INW Mentor UCP

Eligibility Criteria (all criteria must be met for CVRRP eligibility)

- ☐ Resident of Multnomah County
- ☐ Negatively impacted by COVID-19 in at least one of the ways listed below (See "COVID-19 Impact" items below)*
- ☐ 80% or below area median income based on snapshot of current income.

80% Median Family Income (MFI) Guidelines			
Family Size	80% Median	Family Size	80% Median
1	\$51,600	5	\$79,600
2	\$59,000	6	\$85,500
3	\$66,350	7	\$91,400
4	\$73,700	8	\$97,300

***Covid-19 Impact**
(select all that apply)

- ☐ A loss of employment or income due to COVID-19 related factors
- ☐ Directly impacted by business closure related to COVID-19
- ☐ Compromised health status or elevated risk of infection or vulnerability to COVID-19
- ☐ Diagnosed or exposed to COVID-19
- ☐ Incurred significant cost or experience a financial hardship due to COVID-19

Head of Household Information

Name (First and Last)

Phone Number

Email Address

Current Address

New Address if Moving

Landlord Information (to send payment)

Name

Phone Number

Mailing Address

Email Address:

Contact Name

Assistance Requested

Do you receive Section 8 or other rent asst payments? ☐ Yes ☐ No

If Yes, what is your portion of the rent? \$

Monthly Rent Amount:\$

(Including any rent subsidies paid on your behalf)

Assistance Type (rent, arrears, deposit)

Month(s)

Amount

Total Amount Requested

Length of time in current housing?

Move in Date if Moving?

"I certify that the information on this intake form is true and accurate to the best of my knowledge. I also certify that I have not received rental assistance due to COVID-19 for the same month(s) from a different organization or program."

Client Signature _____ Date _____

(Client Signature can be obtained following Approval)

Case Worker/Agency Staff Signature _____ Date _____