



In  
Partnership  
With



TOWN OF ESTES PARK

# Rent Forgiveness Application

**PLEASE READ THOROUGHLY AND CAREFULLY**

Following the onset of the 2020 COVID-19 Pandemic, the Town of Estes Park created a Community Relief Fund to focus on needs related to food insecurity, housing and support for local businesses and organizations. Estes Park Housing Authority (EPHA) completed an application on behalf of its residents to support those that have experienced income loss due to the pandemic. EPHA was granted funds and has agreed to match those funds. These joint funds are intended to provide direct and immediate assistance to those who have been impacted by the 2020 COVID-19 Pandemic.

Those that have experienced reduced work hours or job loss from their Estes Park employment are encouraged to apply for these funds. Funds are limited and may not be approved for everyone nor will they cover the entire need. These funds will provide rent forgiveness to those who are approved. If approved, EPHA will forgive the identified amount and the renter will not be required to pay the amount. Again, this only applies to those applications that are approved and for the stated amount determined by EPHA.

*By completing this form you are making a request for funding. You are not automatically approved. Your request will go through a review process by Estes Park Housing Authority staff. If you are approved for any amount of rent forgiveness, you will be provided a letter communicating the amount and following steps.*

*Beyond any approved rent forgiveness, **you remain responsible** for any amount past due or deferred.*

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Please thoroughly complete this application. Write clearly and legibly in order to process your request timely.

Contact Name: \_\_\_\_\_ Property and Unit #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Monthly rent amount: \_\_\_\_\_ Do you have a Section 8 voucher: (circle one) YES NO

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Please share your employer information. If there are additional members, please use the back of the page to share that information.

**Working Household Member #1**

Employer Name #1 and telephone number: \_\_\_\_\_

Employer Name #2 and telephone number: \_\_\_\_\_

Have you experienced a reduction of hours: (circle one) YES NO. If yes, how many hours \_\_\_\_\_

Have you been laid off? (circle one) YES NO. If yes, as of what date \_\_\_\_\_

Have you filed for unemployment? (circle one) YES NO. If yes, as of what date \_\_\_\_\_

**Working Household Member #2**

Employer Name #1 and telephone number: \_\_\_\_\_

Employer Name #2 and telephone number: \_\_\_\_\_

Have you experienced a reduction of hours: (circle one) YES NO. If yes, how many hours \_\_\_\_\_

Have you been laid off? (circle one) YES NO. If yes, as of what date \_\_\_\_\_

Have you filed for unemployment? (circle one) YES NO. If yes, as of what date \_\_\_\_\_

Additional comments: \_\_\_\_\_

By signing below, you are certifying the information provided is accurate and complete to the best of your knowledge and belief. Further, you understand that providing false statements or information will eliminate your ability to obtain approval for these funds.

Printed Name

Signature

Date

**This application and the information you have provided serves as a means to document and report the appropriate use of the funds being provided by the Town and EPHA.**

THIS AREA TO BE COMPLETED BY ESTES PARK HOUSING AUTHORITY:

Received by EPHA staff name \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by EPHA staff name \_\_\_\_\_ Date \_\_\_\_\_

Approved Date \_\_\_\_\_ Denied Date \_\_\_\_\_ Date Response Letter sent \_\_\_\_\_

Reason for denial (circle one) No Decrease to Income Resulting from COVID-19 Incomplete Application

If denied for any other reason, state the reason: \_\_\_\_\_