

**Dove Financial Assistance Application**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Assistance Needed:**

**□ Rent** **□ Mortgage**   
How much do you owe? \_\_\_\_\_\_\_\_\_\_\_\_\_ What months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s or Bank’s name, address, and phone number, account number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**□ Power/Gas**    
How much do you owe? \_\_\_\_\_\_\_\_\_\_\_ What months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ameren/other account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Water**  
How much do you owe? \_\_\_\_\_\_\_\_\_ What months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of Decatur/other water bill account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Garbage**   
How much do you owe? \_\_\_\_\_\_\_\_\_ What months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Garbage Company Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Member Information**

**Name DOB Social Security Number Employment**  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran** □ Yes or □ No   
E**thnicity** □ Latino or □ Non-Latino  
**Primary Race** □ Asian □ Black/AA □ Native American □ Native Hawaiian

□ White

**Marital Status:** □ Single □ Married □ Separated □ Widow □ Divorced

**Type of Household:** □ Single □ Couple, no children □ 2 Parent Family   
□ Single Parent □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**30 Day Income** \_\_\_\_\_\_\_\_\_\_ **Annual Income** \_\_\_\_\_\_\_\_\_

**Within Income Guidelines** □ Y □ N

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions, please call 217-619-9108

or email: [dfa@doveinc.org](mailto:dfa@doveinc.org) or [shartman@doveinc.org](mailto:shartman@doveinc.org)

|  |  |
| --- | --- |
| **Required Documents**  □ ID    □ Lease  □ Power Bill  □ Water Bill  □ Garbage Bill  □ Landlord Certification \*  □ Landlord Agreement \*  □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Please drop off all documentation to Dove Financial Assistance @ Northeast Community Fund, 839 N Martin Luther King Jr Drive Decatur, Il 62521.

|  |  |  |
| --- | --- | --- |
| \*Needs completed by Landlord |  |  |

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| --- |
|  |

Entered into Oasis: \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**HARDSHIP REASONS**

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICAL □ Positive Covid Test Result  □ Homecare for Covid Patient  □ Proof of Hospitalization  □ Surgery  □ Recovery  □ Medical Emergency  □ Medical Disability | | FAMILY CRISIS  □ Death  □ Divorce  □ Change in Household Income  □ Children Home for Remote Learning  SENIOR HEALTH SERVICES  □ Homecare Services  □ Grandparents Raising Grandchildren | |
| NATURAL DISASTER  □ Property Damage Loss  □ Fire  □ Tornado/Wind  □ Water Damage | | MILITARY HARDSHIP  □ Deployment  □ Military Disability | |
| OTHER CRISES  □ Loss of Employment  □ Action by Landlord  □ Victim of a Crime  □ Loss of Public Benefits | □ Delay of Public Benefits  □ Displacement by govt. or private action  □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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**Dove Financial Assistance**

CONSENT FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

To be signed by households that intends to receive

financial assistance.

This form allows

the

Dove INC

to discuss the case via an exchange of information.

I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize

Dove Financial Assistance

to release and exchange information with:

DHS

Northeast Community Fund

Empowerment Opportunity Center

HUD

T

he Salvation Army

City of Decatur

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Macon County Continuum of Care

Via the Oasis Software

I have also been informed that I may, in writing to

Dove Inc

; revoke this consent for

release/exchange of information at any time and this may affect my continued eligibility.

Unless otherwise indicated, this consent for the release/exchange of the information

indicated above will be valid for a period of 12 months after I

apply.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H

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Signat

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Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Referred to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Landlord Certification Form**

Landlord’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (address where you want check mailed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Rent $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Past Due $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most Recent Payment by Tenant $\_\_\_\_\_\_\_\_\_ Date of Last Payment\_\_\_\_\_\_\_\_\_\_\_

Total Past Due as of today $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month’s include\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Late Charges $ \_\_\_\_\_\_\_\_\_\_\_

How long has tenant lived at property? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If assistance is approved, will you continue renting to the tenant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A check will be distributed through the mail within 10 business days to the mailing address you have listed above. **The check will be dispensed from the local Dove, Inc. office.** If you have any questions, please contact the finance department at 217-428-6616.

By acknowledgement below, I agree to continued partnership with the tenant based on lease agreement compliance.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**~~Landlord Agreement~~**

**Date:**

This is to confirm **Dove Financial Assistance** is agreeing to assist the following tenant with a **ONE TIME** rental assistance payment in the amount of $ \_\_\_\_\_ for the month(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   
  
By signing this agreement, you are accepting this one-time assistance and are agreeing this tenant will be able to remain on/in your property for at least another 60 days.   
Please return this form to: Dove Financial Assistance 839 N Martin Luther King Jr Drive Decatur, Il 62521.

Tenant/Client Name: \_\_\_\_\_

Address of Tenant/Client:

Landlord’s Name:

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

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

Landlord Signature: