

RENT ASSISTANCE

Getting Help in Hard Times



EVICTON PREVENTION ASSISTANCE

8th DISTRICT COURT
EVICTON DIVERSION PROGRAM

PLEASE READ THE INSIDE BROCHURE AND BRING ALL DOCUMENTS TO YOUR APPOINTMENT



United Way of the Battle Creek and Kalamazoo Region
changethestory.org



TO BE COMPLETED BY THE LANDLORD

Tenant Name: _____
 Tenant Phone Number: _____
 Owner's Name: _____
 Owner's Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 City of Kalamazoo Oshtemo Township
 Home Phone: () () Work Phone: () ()
 Fax: () ()
 E-Mail: _____

IF THE UNIT WAS CONSTRUCTED PRIOR TO 1978, CHECK ONE OF THE FOLLOWING:

A completed statement containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family, will be required prior to lease execution.

The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State or Tribal certification program.

Utilities—Check the items that apply and who pays for them:

Utilities	Paid by		Check Type of Fuel Used							
	Owner	Tenant	Natural Gas	Electric	Fuel Oil	Propane	Wood	Coal	Solar	Other
Heating										
Water Heating										
Electricity										
Air Conditioning										
Water/Well										
Sewer/Septic										
Trash Collection										
Appliances			Provided by		Unit Information: Address of Unit: _____ Number of bedrooms in unit: _____ Approximate year built: _____ Approximate square footage: _____ Most recent monthly rent: _____ Proposed monthly rent: _____ The reason for any difference between the most recent monthly rent and the proposed monthly rent is: _____ Is this a subsidized unit or complex? <input type="checkbox"/> No <input type="checkbox"/> Yes—Please enter complex name: _____ Is this a HOME rental REHAB unit? <input type="checkbox"/> No <input type="checkbox"/> Yes Market Rent \$ _____ Type of Subsidy _____ <input type="checkbox"/> Yes, Housing is City Certified _____					
Refrigerator	Family	Owner								
Range/Stove										

NUMBER OF MONTHS BEHIND: _____

TOTAL AMOUNT OWED: _____

Yes No I agree to be considered for the Eviction Diversion Project and agree to work with the Eviction Diversion Team in an attempt to resolve this back rent situation

Print Landlord Name: _____ Landlord Signature: _____ Date: _____

Please keep a copy of this form and return one to your tenant for further Eviction/Diversion eligibility consideration.

**Completion of this form DOES NOT guarantee assistance.

TENANTS

Have you received a summons to appear in court?

Are you interested in preventing an eviction and possibly avoiding a judgment?

Do you have income to pay next month's rent?

Do you have cash to contribute to resolve this eviction?

If you answered the questions above with a yes and need temporary assistance, immediately **call 2-1-1** upon receiving the court summons for an appointment with an Eviction Diversion Specialist.

Bring the following information to your appointment:

- All of the court documents you have received
- 30 Day Verification of Income
- Driver's License or ID
- Social Security Card
- 6 Month Rental Payment History from your Landlord
- Landlord Statement on reverse side
- Asset Verification/Current Bank Statements

LANDLORDS

Have you filed a summons with the 8th District Court?

If your property is within the City of Kalamazoo, Is it certified?

Are there no more than 3 months in arrears?

If you answered yes to all of the questions above, please complete the form on the reverse side and give the completed form to your tenant.

AGREEMENT BETWEEN LANDLORD AND TENANT

Both parties must agree to the following:

Amount of rent owed

Agree to the terms of Eviction Diversion

Sign agreement to prevent entry of judgment

EVICTON DIVERSION COMMUNITY PARTNERS

FUNDING AND SUPPORT PROVIDED BY:

The United Way of the Battle Creek and Kalamazoo Region

Irving S. Gilmore Foundation

Housing Resources Inc.

Michigan Department of Health and Human Services

Kalamazoo County 8th District Court

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and Kalamazoo Region
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Michigan Department of
Health & Human Services



2-1-1 is a HELP LINE providing referrals to health and human service agencies and crisis intervention in Kalamazoo County.

Available 24 hours a day 365 days a year.
Calls are confidential.

