



**COVID-19 HARDSHIP RENT PAYMENT PLAN APPLICATION - RESIDENTIAL**

If you are a residential tenant at a Horning Brothers Community and unable to pay rent due to financial hardship resulting directly or indirectly from the COVID-19 public health emergency, please complete this application and return to your property's management office with supporting documentation.

Date: _____	Check One: <input type="checkbox"/> Initial Application <input type="checkbox"/> Payment Plan Extension Request
Property: _____ Unit: _____	
List all Leaseholders: _____	
What amounts do you anticipate you will be able to pay towards the months below?	
April: _____	May: _____
June: _____	
Select the payment plan term (number of months to payback rent): <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12	
Select the reason(s) you have experienced a loss of income (check all that apply):	
<input type="checkbox"/> Decreased Hours <input type="checkbox"/> Laid off from work <input type="checkbox"/> Furloughed <input type="checkbox"/> Other (Please elaborate below)	
If currently unemployed, have you filed for unemployment? _____ Do you have any other income that may come in? _____ Is there anyone else that assists in making payments towards rent? _____ What was your income prior to the health emergency? _____ If you are currently receiving unemployment benefits, how much are you receiving weekly? _____	
<b>Impact on Expenses (Optional):</b> If you experienced an increase in expenses due to COVID-19, list an explanation here. Please note this is for new expenses that you have incurred or expenses that have increased. For example, expanded cost of childcare for a first responder household, medical needs increased caring for a sick family member, etc.:  _____ _____	
Additional Details: If there are additional hardships or extenuating circumstances that you would like to share, please note them here: _____ _____ _____	

**PLEASE ATTACH PROOF OF ANY HARDSHIPS INDICATED TO THIS APPLICATION WHEN RETURNING.**

Leaseholder: \_\_\_\_\_ Date: \_\_\_\_\_

Leaseholder: \_\_\_\_\_ Date: \_\_\_\_\_

Leaseholder: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY HORNING MANAGEMENT CORPORATION EMPLOYEE			
Date Completed App Received:		Total Deferred Rent:	
Approved or Denied:		Months Deferred:	
Date Approved or Denied:		Term of Payment Plan:	

