

Getting Help in Hard Times



Providing low and moderate income families and individuals with eviction prevention assistance

8th DISTRICT COURT
EVICTION DIVERSION PROGRAM

CALL



**RENT
ASSISTANCE
PROGRAM**

TO BE COMPLETED BY THE LANDLORD

Tenant Name:			Utilities—Check the items that apply and who pays for them:													
Owner's Name:																
Owner's Mailing Address:			Utilities	Paid by		Check Type of Fuel Used										
	City:	State:		Zip Code:	Owner	Tenant	Natural Gas	Electric	Fuel Oil	Propane	Wood	Coal	Solar	Other		
<input type="checkbox"/> City of Kalamazoo <input type="checkbox"/> Oshtemo Township			Heating													
Home Phone: () () Work Phone: () ()			Cooking													
Fax: () () Email Address:			Water Heating													
IF THE UNIT WAS CONSTRUCTED PRIOR TO 1978, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> 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. <input type="checkbox"/> 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			Electricity				Unit Information Address of Unit _____									
			Air Conditioning				Number of bedrooms in unit _____			Approximate year built _____			Approximate square footage _____			
Sewer/Septic _____ Trash Collection _____			Water/Well				Most recent monthly rent \$ _____						Proposed monthly rent \$ _____			
			Sewer/Septic				The reason for any difference between the most recent monthly rent and the proposed monthly rent is: _____									
Appliances Refrigerator _____ Range/Stove _____				Provided by			Is this a subsidized unit or complex? <input type="checkbox"/> No <input type="checkbox"/> Yes-If Yes, enter the Complex Name _____									
				Owner	Family		Market Rent \$ _____						Type of Subsidy _____			
Is this a HOME rental REHAB unit?			Refrigerator				Is this a HOME rental REHAB unit?						<input type="checkbox"/> No <input type="checkbox"/> Yes			
			Range/Stove													

NUMBER OF MONTHS BEHIND: _____

Yes, Housing is City Certified _____
(expiration date)

TOTAL AMOUNT OWED: _____

DATE RENT IS DUE: _____

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. I agree that the unit passes all ordinances and codes for safe, decent, sanitary habitation.

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 are in need of temporary assistance, please call 2-1-1 within 3 days of receiving the court summons for an appointment with an Eviction Diversion Specialist.

Bring the following information to your appointment:

- 30 Day Verification of Income
- Asset Verification
- Driver's License or ID
- Social Security Card
- 6 Month Rental Payment History from your landlord
- Landlord Statement on reverse side

LANDLORDS

Have you filed a summons with the 8th District Court?
Are you interested in preventing an eviction?
If your property is within the City of Kalamazoo is it certified?
Is unpaid back rent your primary issue with the tenant? Is that balance not more than 3 months old?

If you answered yes to all 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 upon the following:

Amount of rent owed

**Agree to the terms of Eviction Diversion
Process**

**To meet with an Eviction Diversion
Specialist**

**Sign agreement to prevent entry of judgment and time to
resolve issue**

EVICTON DIVERSION COMMUNITY PARTNERS

FUNDING PROVIDED BY:
Kalamazoo Community Foundation
Irving S. Gilmore Foundation
Dorothy U. Dalton Foundation
Harold & Grace Upjohn Foundation
Michigan Department of Human Services



Get Connected. Get Answers.



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.