



COVID Housing Assistance Inquiry Form

Date: _____

In order to be eligible for this program you must have lost income due to COVID. This program may assist with mortgage, rent, electric, water/sewer, and/or gas expenses.

Applicant Name: _____ SSN: _____ DOB: _____ Gender: _____

Address Information:

Physical: _____ Phone: _____

Mailing: _____ Alt. Phone: _____

_____ Email: _____

Language Preference: ___ English ___ Spanish ___ Russian ___ Other (please specify): _____

Please indicate what type assistance you may need (Mark all that apply):

Mortgage

Rent

Electric

Water/sewer

Gas

Household:

Other Household Member Names	Date of Birth

Please explain how your income has been negatively affected by COVID.

You may return the completed form by:

Mail: PO Box 7408, Asheville, NC 28802

Fax: 828-250-6235

Email: dssmail@buncombecounty.org

Drop off at 40 Coxe Avenue, Asheville

THIS IS NOT AN APPLICATION. A caseworker will be reaching out to you as soon as possible to complete an interview and complete your application. This program requires verification of your current situation and signatures from both the applicant and the landlord when rental assistance is requested. Please be aware the call you receive may be from a private number. Please ensure your phone is set up to accept messages.