

**OTSEGO RURAL HOUSING ASSISTANCE**  
**PO Box 189**  
**Milford, NY 13807**  
**PHONE/FAX: (607) 286-7244**  
**orha@stny.rr.com**

**Application for Otsego County COVID Rent Relief Program**

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

Applicant/Tenant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Additional members of household:

\_\_\_\_\_

Address of Unit: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Income (applicant): \_\_\_\_\_

Income (other household member):  
\_\_\_\_\_

Did you lose employment (full or part time) due to COVID emergency? Yes/No

What was your household's annual or monthly income prior to the March 13, 2020: \_\_\_\_\_

Have you applied for Unemployment Insurance? Yes/No

Do you have documentation of this (layoff notice, etc.)? Yes/No *If yes, please include copy with application.*

Do you have a current lease? Yes/No *If yes, please include copy with application.*

How much is your monthly rent? \$ \_\_\_\_\_

Landlord's Name/Address: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_

Comments:

\_\_\_\_\_

**PLEASE SUBMIT THIS APPLICATION BY MAIL, EMAIL, OR FAX (SEE CONTACT INFO ABOVE)**