



Delaware Housing Assistance Program Application

Applicant Information

Name: _____ DOB: _____

Address: _____ City, State, ZIP: _____

Phone/Type*: _____ Email: _____ SSN: _____

*Home, work, mobile

Household Information

Please list all members who reside in the household and rely on the same household income.

Name/DOB: _____ Name/DOB: _____

Name/DOB: _____ Name/DOB: _____

Name/DOB: _____ Name/DOB: _____

Employment Information

Employer Name: _____

Address: _____ City, State, ZIP: _____

Supervisor: _____ Phone: _____ Ext: _____

Are you currently employed here? Yes No

Was your employment terminated/suspended as a result of the impact of COVID-19? Yes No

Has your income/employment been otherwise affected as a result of the impact of COVID-19? Yes No

Previous Household Income: \$ _____ Per: _____ Current Household Income: \$ _____ Per: _____

Housing Information

Property Name: _____ Property Owner: _____

Address: _____ City, State, ZIP: _____

Property Manager: _____ Phone: _____ Ext: _____

Total Amount Owed: _____ For: Rent Electric

Notice to Quit? Yes No Date Filed: _____ Eviction Notice? Yes No Date Filed: _____

Please submit this application via email to dehap@destatehousing.com. A representative from Delaware State Housing Authority or one of our community partners will contact you with further instructions, and will determine whether or not you are eligible to receive assistance.