



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:

Residential: _____ Phone: _____
Alt. Phone: _____

Mailing: _____ 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

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