



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](mailto:dehap@destatehousing.com). You may also mail a paper copy to 18 The Green, Dover, DE 19901. 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.