

☐ ONE COPY TO PERSON SERVED ☐ ONE COPY TO BE RETURNED TO SHELBY COUNTY HEALTH DEPARTMENT FAX 222-8249 OR e--mail COVID@shelbycountytn.gov

Emergency Utility, Rental/Mortgage, Medical/Prescriptions, and Family Support Assistance is available.

- If you or anyone in your household are currently quarantined or are in isolation due to COVID-19 and are unable to secure housing at this time, please notify the Shelby County Health Department by calling 901-222-MASK (which is 901-222-6275) or by faxing the information to 901-222-8249. Temporary housing support may be available.
- If you are behind on your rent or utilities, you may be eligible for relief for up to 12 months of your payments, made directly to your landlord or MLGW.
- Eligibility is determined by income, and residents must also be able to demonstrate that they had an income loss due to COVID-19.
- Legal assistance may be available for eviction/FED cases in court.
- To apply, visit www.shelbycountytn.gov/247/Community-Services-Agency or www.home901.org/covid-resources or text “home901” or “casa” to 21000.

COVID-19 Asistencia Urgente para pagar su renta o servicios públicos (Emergency Rent Assistance).

- Si usted o una persona en su hogar está en cuarentena o aislado debido a COVID-19 y no sea posible obtener una vivienda en este momento, por favor notifica al Departamento de Salud de Shelby County por llamada a 901-222-MASK (901-222-6275) o por fax a 901-222-8249. Asistencia temporal de vivienda puede ser disponible.
- Si debe en alquiler o servicios públicos, puede ser elegible para asistencia de emergencia hasta 12 meses de pagos, pagado directamente a su dueño o MLGW.
- Elegibilidad esta basada en sus ingresos, y es necesario demostrar que haya perdido ingresos debido a COVID-19.
- Asistencia legal puede ser disponible por desalojos/FED en la corte
- Para solicitar, visita a www.shelbycountytn.gov/247/Community-Services-Agency o www.home901.org/covid-resources or text “home901” or “casa” to 21000

Provided to: _____

Signature

Print Name

Address

By Process Server (Name & Phone Number):

Date: _____