**CDBG-COVID Application for Assistance**

The following is an application for utility and/or rental/mortgage assistance. The need for this assistance must be due to *Covid-19 related factors*. All information required must be submitted as part of the application. *Missing information or supporting documentation will cause the rejection and denial of application.*

**Please Print**

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| **Name (First, Middle, Last):** | **Amount Requested (Maximum $1000)** |
| **Residence Address:** | **Total # in Household:** |
| **Mailing Address:** | **Phone Number:** |
| **North Carolina Driver’s License (or State Issued ID) Number:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Household Member** | **Social Security Number** | **Date of Birth** | **Relationship** | **Race/Sex** | **US Citizen or Eligible Alien (Y/N)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

Is anyone in your household (circle all that apply): Elderly 60+ Disabled

Have you lived at the address twelve (12) months or longer? YES NO

Are the Heating, Electric, Fuel, Water/Sewer, Rent, Mortgage

 Bills in your name? YES NO

* IF NO, is the name of the bill holder listed above as a

Household member? YES NO

What type of assistance are you applying for? Utility Rent/Mortgage

Are you willing to allow another agency to mediate on your behalf? YES NO

**Please answer all questions completely.**

1. Explain how COVID-19 affected your ability to make the monthly payment for which you are seeking assistance and provide supporting documentation. Examples: hours reduced as a result of COVID-19 – pay stubs showing decrease in hours; loss of job due to economic downturn as a result of COVID-19 – paperwork from employer and/or business closed; unable to work due to care of child under age 13 or with a disability due to remote learning.
2. Have you applied for any other COVID-19 assistance? YES NO
3. If yes, please list the resources applied for, the name of the organization, and amounts received, include the utility provider and/or landlord property company name.
4. Impact on income due to COVID 19 is a requirement. Documentation must be provided. Original statements from utility companies and/or landlord must also be provided. Identification information of applicant must match that of debtor on utility/landlord notice. If application documentation is incomplete, application will be denied.

Please list any documentation from the Required Documentation page you are unable to provide and explain why.

**REQUIRED DOCUMENTATION**

**Copy of NCDL or NCID**

* If address is different on identification than that address contained on billing information, must have documentation to support application. This could be proof of purchasing home, letter from landlord or property Management Company containing name on Lease/Rental Agreement.

**Please provide the following:**

□ Last 4 payroll check stubs

□ Most recent tax return

□ 2 months bank statements showing direct deposit

□ Letter from Employer on Company Letterhead stating pre-COVID annual salary/income and confirmation of

 # of hours reduced due to COVID. Letter must also contain individual amounts of each last 4 pay periods.

□ All earned and unearned household income must be documented including: Disability, unemployment,

 workman’s comp, SSI, SSDI, child support and/or alimony.

**Utility Assistance Applications must ALSO attach the following:**

□ Most recent bill from utility company, showing property address of service, amount due, past due, account

 number, name on account, and biller contact information.

**Rental / Mortgage Assistance Applications must ALSO attach the following:**

□ Copy of Rental Agreement showing monthly rent amount or copy of mortgage documentation showing

 monthly mortgage amount.

□ Letter from Landlord / Property Management Company / Mortgage holder detailing total amount past

 due, which months were involved and total amount (including any late fees) due to bring rental / mortgage

 relationship whole.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided in this application is a true and complete statement of facts according to my best knowledge and belief. I give permission to verify any information necessary to determine my eligibility for the CDBG-COVID Assistance program. I understand that the information on this form may be checked by the STATE or FEDERAL reviewer and I agree to this review.

I give my authorization for my utility company and/or Landlord / Property Management Company / Mortgage holder to release information regarding energy usage and/or rent/mortgage information and bill payment for the last twelve months to agencies associated under the CDBG-COVID Assistance program.

I understand that utility companies, landlords, mortgage holders who furnish information will not be held responsible for disclosed information for data purposes such as referrals, research, evaluations, and/or analysis.

I understand this application must not be in violation of the program’s “Duplication of Benefits Policy”. I have listed all information regarding applications for other resources and the awards received within this application. I understand if awards were received, I will not be granted duplicate benefits. Any award previously received will be deducted from amount awarded me within the CDBG-COVID Assistance Program. I further state I understand any duplicated benefits awarded in error will be recouped and I am ultimately responsible for the funds if deemed awarded in error.

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Signature/Applicant Signature Witness Date

\*If the applicant is unable to sign his/her name, he/she must enter an “X” on the signature line in the presence of the witness. The witness must sign his name where indicated above.

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| **INTERNAL USE ONLY**Date Application Approved: Approved by:Amount Approved: Check Number issued:Check Payee: Payee Address Mailed: |