City of Sanger

Community Development Block Grant Program (CDBG) COVID-19

Rent, Mortgage, and Utility Subsistence Payment - Application and Verification Form

Up to $5,000 total is available to qualifying families impacted by COVID-19 for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form by December 31, 2021. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Name(s)			
Residential Address		**Phone**	
Email		**TOTAL Amount Requested**	$0
1. Make payment on my behalf to (landlord or mortgage lender):			
Name on the Account		**Phone or Email**	
Address/Account#			
Proposed Use of Funds	☐ Rent ☐ Mortgage		
Month(s) to Cover		**Amount**	$
2. Make payment on my behalf to (name of utility company):			
Name on the Account		**Phone or Email**	
Address/Account#			
Proposed Use of Funds	☐ Electricity ☐ Gas ☐ Water ☐ City Utility ☐ Other:		
Month(s) to Cover		**Amount**	$
3. Make payment on my behalf to (name of utility company):			
Name on the Account		**Phone or Email**	
Address/Account#			
Proposed Use of Funds	☐ Electricity ☐ Gas ☐ Water ☐ City Utility ☐ Other:		
Month(s) to Cover		**Amount**	$

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4. Make payment on my behalf to (name of utility company):			
Name on the Account		**Phone or Email**	
Address/Account#			
Proposed Use of Funds	☐ Electricity ☐ Gas ☐ Water ☐ City Utility ☐ Other:		
Month(s) to Cover		**Amount**	$
Month(s) to Cover		**Amount**	$

5. Make payment on my behalf to (name of utility company):			
Name on the Account		**Phone or Email**	
Address/Account#			
Proposed Use of Funds	☐ Electricity ☐ Gas ☐ Water ☐ City Utility ☐ Other:		
Month(s) to Cover		**Amount**	$
Month(s) to Cover		**Amount**	$

	YES	**NO**
DUPLICATION OF BENEFIT – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above? (If yes, please complete supplementary income form attached)	☐	☐

COVID-19 IMPACT – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If **YES**, Provide details: _____	EST. % loss of gross income from one year previous: _____%
SUBSISTENCE/EMERGENCY STATUS – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?	Number of months unable to pay: _____

LMI Household Income Qualification Questions
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure.
Total Household Income anticipated during the next 12 months

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Name List all household members, including yourself.	**Age**	***Check if Applicable***				
		Head of House-hold	**Co-Head of House-hold**	**Full-Tm Student 18 Yrs. or Older**	**Annual Gross (Pre-Tax) Income**	**Source of Income**
					$	
					$	
					$	
					$	
					$	
Total Anticipated Annual Household Income:					$ 0	

CHECK the number of household members, including yourself:

1	**2**	**3**	**4**	**5**	**6**	**7**	**8+**
$39,150 ☐	$44,750 ☐	$50,350 ☐	$55,900 ☐	$60,400 ☐	$64,850 ☐	$69,350 ☐	$73,800 ☐

Is your **anticipated** total household income **LOWER** or **HIGHER** than the $ amount listed directly below the number of people circled above? If **LOWER**, attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).	**LOWER**	**HIGHER**
	☐	☐

Ethnicity (select one)	☐ **Not Hispanic**	☐ **Hispanic**

Race (select one)			
White	☐	Asian	☐
Black or African American	☐	Native Hawaiian or Pacific Islander	☐
American Indian or Alaskan Native	☐	Other or Multi-Racial	☐

Duplication of Benefits Affidavit ("Affidavit")

I/We, _____ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us respond to the coronavirus by providing us with assistance with rent, mortgage, or utility payments **("Type of Assistance")** for the purpose of avoiding foreclosure, eviction, or disconnection of utility services **("Need")** in the amount of 0 (**"Amount of Assistance or Total Need")** from Self-Help Enterprises **("Organization")** through a program administered by the City of Sanger funding from the U.S. Department of Housing and Urban Development (the "Program").

2. I/We believe the **Amount of Assistance/Total Need** is 0

3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below ("Duplicative Assistance"):

(a)

Source of Funds #1	
Purpose	
Amount	

(b)

Source of Funds #2	
Purpose	
Amount	

(c)

Source of Funds #3	
Purpose	
Amount	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c))) $0.

5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.

6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–2 254; 132 Stat. 3442). prohibits federal agencies from providing assistance to any person for "any part of such loss" as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, the City, business owner's Insurance, etc.).

7. I/We understand that the amount of assistance received by I/We from Self-Help Enterprises must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from

other sources (such as, FEMA, SBA, the Red Cross, the City homeowner's insurance, etc.) for the same purpose.

8. Therefore, I/We understand that if I/We receive assistance from a source other than Self-Help Enterprises (such as, FEMA, SBA, the Red Cross, the City, homeowner's insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from Self-Help Enterprises.

9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from [*Insert Subrecipient Name*], payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. **By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

Participant _____

Signature of Participant _____ Date _____

Participant _____

Signature of Participant _____ Date _____

FOR SHE USE ONLY

Household size: _____ Projected 12-month Income: _____

Income Calculation: ___ Very Low Income (30%) ___ Low Income (60%) ___ Moderate Income (80%)

COVID Related: ___ Yes ___ No Duplication of Benefits Verified: ___ Yes ___ No

Amount of Assistance Approved: $_____ Assistance Type: ___ Rent
___ Mortgage
___ Utilities
___ Rent/Mortgage & Utilities

___ ELIGIBLE ___ NOT ELIGIBLE

Reviewed by: _____ te: _____

Approved by: _____ Date: _____

SELF-CERTIFICATION of Income *for*

☐ City of / ☐ Town of / ☐ County of _____ **CDBG Funded Activity**

Name of Public Service: CDBG-CV1 COVID-19 Subsistence Payment Program

Page 1 to be filled out by Participant

Part I: Confidential Participant / Beneficiary HUD Demographic Information

(This section is voluntary.)

Ethnicity (Select One)	☐ **Not Hispanic**	☐ **Hispanic**
Race (Select One)		
☐ White	☐ Am. Indian/Alaskan Nat. & White	
☐ Black/African American	☐ Asian & White	
☐ Asian	☐ Black/African American & White	
☐ American Indian/Alaskan Native	☐ Am. Indian/Alaskan & Black/African	
☐ Nat. Hawaiian/Other Pacific Isl.	☐ Other Multi-Racial	
Other Demographic Data (Select all that Applies)		
☐ Female Head of Household	☐ Single / Non Elderly	
☐ Participant is Disabled	☐ Related/Single Parent	
☐ Veteran	☐ Related/Two Parent	
☐ Senior Citizen	☐ Other (_____)	

Part II: Confidential Participant / Beneficiary Income Certification

(Must be completed and signed prior to providing public service.)

My total family size consists of _____ members, and the total gross annual income* for all adult members is $0_____.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Participant / Beneficiary Information:

Signature:_____ **Date:**_____

Name (print): _____

Physical Home Address: _____,**(City)**_____

HCD Revised: August, 2015