

# Self-Help Enterprises COVID-19 Rent and Mortgage Assistance Application

## Instructions and Checklist

**Completed applications should be submitted to: [covidrelief@selfhelpenterprises.org](mailto:covidrelief@selfhelpenterprises.org)**

or fax to ATTN: COVID RELIEF (559) 651-3634 FAX

Subject line should include your first and last name and the city you reside in

“Example – John Smith, Visalia COVID Assistance

***Applicants: Must be able to prove a verifiable COVID-19 hardship – see page 2 of application, all other hardships are ineligible. Applicants must be income eligible.***

- This program is for only applicants facing verifiable **COVID-19 related** financial hardships.

***Available Assistance*** for qualifying applicants includes help to cover the costs of rent and mortgage. This program can assist with up to six (6) consecutive months of rent and mortgage but is limited to \$2,000 per household.

## **All Applications when submitted must include:**

- **Completed** application forms signed by all adults in the household (18 or older)
  - Application
  - Self-Certification of Income
  - Duplication of Benefits Affidavit
- Copies of photo IDs for all adults in the household (18 or older)

## **For Mortgage or Rent Assistance, you must include:**

- **Current** mortgage statement or Current Rent ledger signed by Landlord and Rental Agreement
- Rent bill statement showing months owed or bill history from June 01, 2022

**Applications when submitted MUST be complete, this includes ALL required documentation. Incomplete applications will result in processing delays.**

Payments are sent directly to mortgage and rental company or landlord.

Please e-mail [covidrelief@selfhelpenterprises.org](mailto:covidrelief@selfhelpenterprises.org) or call (559) 802-1600 if you have questions regarding supporting documents, the application, or what is considered a verifiable COVID-19 hardship.



STATE OF CA - TTY  
ENGLISH 1-800-735-2929  
SPANISH 1-800-855-3000

# Rent and Mortgage Assistance Application

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Do you receive Section 8 Assistance? Yes  No

## HOUSEHOLD MEMBERS: (Reside in the home):

	<b>Applicant's Name</b>	<b>Other Household Member #1</b>	<b>Other Household Member #2</b>	<b>Other Household Member #3</b>	<b>Other Household Member #4</b>	<b>Other Household Member #5</b>
<b>Name</b> <i>(First, Last)</i>						
<b>Date of Birth</b>						
<b>Age</b>						
<b>Gender</b>						
<b>Education</b> <i>(Highest level)</i>						
<b>Health Insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## OTHER BENEFITS:

<b>Type</b>	<b>Benefit Amount</b>	<b>Type</b>	<b>Benefit Amount</b>
<i>Ex: CalFresh (food stamps)</i>	<i>\$250.00</i>		

A. Total Household Benefits: \$ \_\_\_\_\_

## CURRENT HOUSEHOLD MONTHLY

### INCOME:

<b>Household Member's Name</b>	<b>Type of Income (Job, unemployment, other benefits)</b>	<b>Total of last payment BEFORE TAXES</b>	<b>Pay schedule (weekly, monthly, every other week, twice monthly)</b>
<i>EXAMPLE</i>	<i>Employment</i>	<i>\$2,000</i>	<i>Twice a month</i>

Total Household Income (Monthly) \$ \_\_\_\_\_ x 12 months = B. Total Household Annual Income \$ \_\_\_\_\_

TYPE OF ASSISTANCE NEEDED:

Mortgage  Rent

Rent or Mortgage		
Monthly mortgage	\$ _____	1. Amount requested: \$ _____
How many months behind are you?		
Mortgage Company or Landlord Name		
Account number		

C. TOTAL AMOUNT REQUESTED : \_\_\_\_\_

*Please note that maximum per household is \$2,000,*

HARDSHIP:

Please briefly explain the hardship your household is experiencing **as it relates to COVID-19** (Example: if you were laid off because of COVID-19, if your hours were reduced, etc.)

Please include WHEN the hardship began, HOW it has impacted your household, and WHY you cannot pay the expenses requested in this application.

APPLICATION CERTIFICATION: **(if more than 3 signatures are needed, use space below)**

SHE Applicability: it is necessary to obtain, retain, and provide, if requested, personal information for clients served with program funding. I certify that my household is presently experiencing an economic hardship and is need of assistance.

SHE has my authorization to examine all employment, income, mortgage, rent and other records pertinent to my application for program funding and to make a direct payment on my behalf. My signature certifies that the information on this application is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**U.S. Department of Housing and Urban Development  
Community Planning and Development  
Community Development Block Grant (CDBG)**

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

*Printed on:*

*Effective Date:*

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. **All Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.**

**Definition of Income**

**HUD 24 CFR Part 5**

Current income project forward 12 months

**IRS Form**

Most current Tax records

**Beneficiary Information**

**Last Name:**

**Beneficiary ID (if applicable):**

**Member Information**

<b>First Names:</b>	<b>Member IDs (if applicable):</b>	<b>HH</b>	<b>CH</b>	<b>DIS</b>	<b>62+</b>	<b>S≥18</b>	<b>&lt;18</b>	<b>&lt;15</b>
	1							
	2							
	3							
	4							
	5							
	6							

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Contact Information**

Address Line 1:

City:

Address Line 2:

State:

Zip Code:

**Income Information**

Annual gross income (total of all members) = \$ \_\_\_\_\_

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**COMPLETE SIGNATURES ON SECOND PAGE**

**U.S. Department of Housing and Urban Development  
Community Planning and Development  
Community Development Block Grant (CDBG)**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

*Printed on:*

*Effective Date:*

**Beneficiary ID:** \_\_\_\_\_

**HEAD OF HOUSEHOLD**

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**OTHER BENEFICIARY ADULTS\***

<b>OTHER BENEFICIARY ADULTS*</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

\* Attach another copy of this page if additional signature lines are required.

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**Part 2: Confidential Participant / Beneficiary HUD Demographic Information**

(This section is voluntary.)

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

2023 CDBG Income Limits								
Area Median Income	1	2	3	4	5	6	7	8
Extremely Low-Income 30%	17,350	19,800	22,300	24,750	26,750	28,750	30,700	32,700
Very Low-Income 50%	28,900	33,000	37,150	41,250	44,550	47,850	51,150	54,450
Low Income 80%	46,200	52,800	59,400	65,950	71,250	76,550	81,800	87,100

## 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 payments (**“Type of Assistance”**) for the purpose of avoiding foreclosure, eviction, (**“Need”**) in the amount of \_\_\_\_\_ (**“Amount of Assistance or Total Need”** identified as item C. on page 2) from Self-Help Enterprises (**“Organization”**) through a program administered by the City of Visalia funding from the U.S. Department of Housing and Urban Development (the “Program”).
2. I/We believe the **Amount of Assistance/Total Need** is \_\_\_\_\_ (item C from page 2)
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) Any item listed on page 1 under item A should be listed here if for mortgage, rent or utilities

<b>Source of Funds #1</b>	
<b>Purpose</b>	
<b>Amount</b>	

(b)

<b>Source of Funds #2</b>	
<b>Purpose</b>	
<b>Amount</b>	

(c)

<b>Source of Funds #3</b>	
<b>Purpose</b>	
<b>Amount</b>	

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

**Duplication of Benefits Affidavit (“Affidavit”)**

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 \_\_\_\_\_