# Initial Application Checklist:

**Please submit the following:**

Program Application and Intake Form (complete all questions).

Duplication of Benefits Certification Form.

Authorization for the Release of Information.

Self-Employment Income Certification Form or Zero Income Certification Form (only if applicable).

Landlord Verification Form.

Documentation of COVID-19 Impact:

* If you experienced a loss of income due to COVID-19, submit a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.
* If you are unable to pay your rent or utilities due to an unexpected medical cost, submit your medical bill.

Income Documentation:

* Household income is defined as all adult income (age 18+) for those that reside at the location in the lease agreement.
* Pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income for all adults 18+ from **before** you experienced a loss of income due to COVID.
* Last 60 days of pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income for all adults 18+.

▪ If you are self-employed, submit the Self-Employment Certification Form.

▪ If you have no income, submit the Zero Income Certification Form.

**Please note you may be asked to submit additional documentation. The Rental Assistance agency assisting you will also reach out to your landlord for documentation.**

# City of Dalton COVID Rental Assistance Program

# Application and Intake Form

Last Name: Fill in Last Name here MI: Enter Middle Initial here First Name: Fill in First Name here

Physical Address: Enter Physical Address here

City: Enter City Here State: Select State Zip Code: Enter Zip Code

Home Phone #: Enter Home Phone #Cell #: Enter Cell Phone # Email Enter Email Address:

Number of bedrooms in unit listed above: Enter # of bedrooms

**Section 1: Assistance Information**

The City of Dalton’s Rental Assistance Program serves eligible persons who, because of the COVID-19 emergency, now lack sufficient income or resources to pay rent. Please indicate what circumstance apply by checking the applicable box below:

Required to be quarantined based on diagnosis of COVID-19.

Required to self-quarantine based on a Directive of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.

Required to self-quarantine based on age over 65 or health condition that places him/her at enhanced risk for COVID-19.

Suffered a substantial loss of income from COVID-19, including:

* + Job loss;
  + Reduction in compensation;
  + Closure of place of employment;

Obligation to be absent from work to care for home-bound school-aged child; or other pertinent circumstances: Enter reasons here if applicable

Experienced a large unexpected medical cost related to COVID-19.

Briefly explain or clarify your reduction of income or unexpected medical costs. If suffering a reduction of income due to reduced employment income, list the name(s) of employer or other source(s) of lost / reduced income:

Explain briefly here. Use as many lines as needed

|  |
| --- |
| Required Documentation: Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19. If you are unable to pay your rent due to an unexpected medical cost, attach the medical bill. |

Please check the type of rental assistance you need help with:

Rental Current - Amount: Enter amount here  Rental Delinquent - Amount: Enter amount here

List any permanent or temporary rental assistance that you currently receive such as a Housing Choice Voucher (Section 8) or other rental assistance. If your rental assistance is based on income such as a Section 8 Housing Choice Voucher, please state whether you have let the provider know that your income has changed by asking for an adjustment of your rent (interim recertification) and the outcome of that application (whether your rent was adjusted).

Enter list of other assistance being given here

Please list any **emergency** rental assistance that you have applied for and the outcome of that application (whether you received assistance).

Enter list here

**Section 2: Household Information**

Please list all the persons residing in your household. The first line is for the Head of Household (HoH).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Last  Name | First Name & Middle Initial | Gender | How Related to HoH | Date of Birth | Full SSN\* | Race Code | Ethnicity  Code |
| HoH | Enter Last Name | Enter First name and Middle Initial | Select Gender | Self | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 1 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 2 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 3 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 4 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 5 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 6 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 7 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |
| 8 | Enter Last Name | Enter First name and Middle Initial | Select Gender | Select relationship with HoH | Select Date of Birth | Enter SSN | Select Race using table below | Select Ethnicity using table below |

|  |  |  |
| --- | --- | --- |
| **Race Codes:** | | **Ethnicity codes:** |
| 1. White or Caucasian | 1. Black or African American | 0 – Not Hispanic or Latino |
| 1. Native Hawaiian or Other Pacific Islander | 1. American Indian/Alaskan Native | 1 – Hispanic or Latino |
| 1. Asian | 1. Multi-Racial |  |
| 1. Unknown | 1. Hispanic or Latino |  |
| \*If this person does not know their social security number or refuses to share, please indicate “don’t know” or “refuse” in this field. Choosing not to share a social security number will in no way impact eligibility for assistance. | | |

Do any of the above members of the household have one of the following disabilities? If yes, check the box and note which household member using the household number from the first column of the chart above. Choosing not to share information about disability will in no way impact eligibility for assistance.

Alcohol abuse: If yes, household member number(s): Enter number here

Chronic health condition: If yes, household member number(s): Enter number here

Developmental: If yes, household member number(s): Enter number here

Drug abuse: If yes, household member number(s): Enter number here

HIV/AIDS: If yes, household member number(s): Enter number here

Mental Health problem: If yes, household member number(s): Enter number here

Physical: If yes, household member number(s): Enter number here

**Section 3: Household Income (Monthly)**

Please list the GROSS (pre-tax) income for ALL household members ages 18 and older. The first line is for the Head of Household (HoH).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | A) Employment or Wages (including overtime, bonuses, commissions &tips) | (B) Social Security, Retire mentor Disability Benefits | (C) Unemployment, TANF or other Public Assistance | (D) Other Income |
| (HoH). | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| 2 | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| 3 | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| 4 | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| Total | Add up totals here | Add up totals here | Add up totals here | Add up totals here |
| Add totals from (A) through (D) above. Total Income: | | | | Add up grand total here |
| **Required Documentation:** Attach the last 60 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. If you are self-employed, please complete the Self-Employment Certification form. If you have zero income, please complete the Zero Income Certification form. | | | | |

**Section 4: Household Assets**

This Program is restricted to eligible households whose readily available assets (checking, saving etc.) do not exceed $7,500. Readily available assets include, but are not limited to, the total of any monies in banks, credit unions, certificate of deposit and cash on hand for all members of the household. The first line is for the Head of Household (HoH).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | A) Checking Account(s) | (B) Savings Account(s) | (C) Money Market or CD (s) | (D) Cash or other liquid assets |
| HOH | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| 2 | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| 3 | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| 4 | Enter Amount here | Enter Amount here | Enter Amount here | Enter Amount here |
| Total | Add up totals here | Add up totals here | Add up totals here | Add up totals here |
| Add totals from (A) through (D) above. Total Income: | | | | Enter Grand Total here |

**Section 5: Additional Questions** (*Please fill out the following questions*)

1.Are any of the adults in the household a veteran? Yes No

If yes, please list adult(s) with veteran status: Enter list here

2.Do you need a referral to a legal assistance provider who may be able to help you with legal housing assistance (eviction, mediation, etc.) at no cost to you? Yes No

3.Do you have a history of homelessness? Yes No

If yes, please continue with questions 4-8. If no, please skip questions 3-7 and sign at the bottom of the next page.

4.Prior Living Situation: Where did you stay last night?

Emergency Shelter

Sub Abuse Facility

Home Ownership

Transitional Housing

Hospital

Staying w/ Family

Permanent housing for Homeless

Jail/Prison

Staying w/ Friends

Psychiatric facility

Rental unit

Hotel/Motel

Place not meant for Human

5. Approximately how long did you stay at your prior living situation?

7 days or less

more than 7 days but less than 1 month

1 - 3 months

more than 3 months but less than 1 year

1 year or more

6. Approximate date homelessness started: Select Date here

7. How many times have you stayed in a shelter, supportive housing, car or any other non-residential public place in the past 3 years including today?

One time

Two times

Three times

Four or more times

Never

I do not know

8. What is the total number of months you have stayed in a shelter, supportive housing, car or any other non-residential public place in the past 3 years?

1-12 months

More than 12 months

Never

I do not know

|  |  |
| --- | --- |
| I certify that the information presented in this application is true and accurate to the best of my knowledge. I certify that I have not already been provided rental assistance, through the City of Dalton Rental Assistance provider or any other program, that covers the costs requested in this application. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. As a person or entity receiving CDBG-CV3 assistance, I agree to repay assistance that is determined to be duplicative. By signing below, this constitutes an agreement and compliance with City of Dalton’s Duplication of Benefits policy attached herein. | |
| Enter Signature Here | Enter Date Here |
| Signature of Applicant / Head of Household | Date |
|  |  |
| Enter Signature Here | Enter Date Here |
| Signature of Additional Adult Household Member (if applicable) | Date |

# Duplication of Benefits Certification for CDBG-CV3 Funds

***(This form is required for all persons receiving assistance)***

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV3 funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

**This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.**

I, Enter information here

(Name individual, business owner(s), sub grantee (Public Social Service Entity), sub recipient, direct beneficiary, other entity)

Hereby certify that:

A. The Community Development Block Grant-CV Funds, awarded to the City of Dalton through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:

1. The Paycheck Protection Program

2. Unemployment compensation benefits

3. Insurance claims/proceeds

4. Federal Emergency Management Agency (FEMA) funds

5. Small Business Administration funds

6. Other Federal, State or local funding

7. Other nonprofit, private sector, or charitable funding.

B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV3 funds must be repaid if it is determined that such assistance is determined to be duplicative.

Enter Signature here Enter Date Here

Signature and date of:

(Individual, business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity)

# City of Dalton COVID Rental Assistance Program

# Authorization for the Release of Information

Last Name: Fill in Last Name here MI: Enter Middle Initial here First Name: Fill in First Name here

Address: Enter Address here City: Enter City Here State: Select State Zip Code: Enter Zip Code

The City of Dalton COVID Rental Assistance Program will remit rent payments on behalf of approved program recipients directly to the recipient’s landlord or property owner. A complete application for rental assistance includes paperwork that must be completed and submitted by the applicant’s landlord or property owner. In signing this consent form, I am authorizing the program provider to contact my landlord and/or property owner to request information, including but not limited to, rent and payment information and I hereby authorize my landlord to release such information. I also authorize the provider to release my information to my landlord which is deemed necessary to complete my application and receive assistance. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

**Landlord/Property Manager**

Name: Enter Landlord’s Name here

Address: Enter Address here City: Enter City Here State: Select State Zip Code: Enter Zip Code

Phone: Enter Phone # here Email Enter Email Address

**Property Owner**

Name: Enter Property Owners name here

Address: Enter Address here City: Enter City Here State: Select State Zip Code: Enter Zip Code

Phone: Enter Phone # here Email Enter Email Address

**Monthly Rent Amount**: Enter monthly rent here

In signing this consent form, I further authorize the provider of this program to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication.

I have read and understand by signing below, I certify that I am giving permission for the provider to obtain or share information for emergency rent assistance.

Enter Signature here Enter Date Here

Signature of Applicant / Head of Household Date

Enter Signature here Enter Date Here

Signature of Additional Adult Household Member (if applicable) Date

# City of Dalton COVID Rental Assistance Program

# Self-Employment Certification Form

**Complete If Applicable**

Date: Enter Date Here

Last Name: Fill in Last Name here MI: Enter Middle Initial here First Name: Fill in First Name here

Address: Enter Address here City: Enter City Here State: Select State Zip Code: Enter Zip Code

Name of Business: Enter Business Name here

Date Business Opened: Select Date Here

Type of Business: Enter type of Business here

Position / Occupation: Enter Position /Occupation here

Tax ID #: Enter Tax ID here

1. Past Net Monthly Income (average 3 months prior to COVID-19) $ Enter Amount here

2. Reduction of Net Monthly Income due to COVID-19 $ Enter Amount here

3. Attach supporting bank statements

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Enter Signature here Enter Date Here

Signature of Applicant / Head of Household Date

Enter Signature here Enter Date Here

Signature of Additional Adult Household Member (if applicable) Date

# City of Dalton COVID Rental Assistance Program

# Zero Income Certification Form

**Complete If Applicable**

Date: Enter Date Here

Last Name: Fill in Last Name here MI: Enter Middle Initial here First Name: Fill in First Name here

* 1. Address: Enter Address here City: Enter City Here State: Select State Zip Code: Enter Zip Code

1. 1. I hereby certify that my household does not receive income from any of the following sources:
   1. a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
   2. b. Income from operation of a business.
   3. c. Rental income from real or personal property.
   4. d. Interest or dividends from assets.
   5. e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
   6. f. Unemployment or disability payments.
   7. g. Public assistance payments.
   8. h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
   9. i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
   10. j. Any other source not named above.
   11. 2. My household currently has no income of any kind and there is no imminent change expected in my financial status or employment status.

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Enter Signature here Enter Date Here

Signature of Applicant / Head of Household Date

Enter Signature here Enter Date Here

Signature of Additional Adult Household Member (if applicable) Date

# City of Dalton COVID Rental Assistance Program

# Landlord Verification Form

Instructions: Property Owners or Property Managers should email this completed form along with the landlord’s W9 form and ACH form (if EFT desired) to the housing assistance provider that is serving your tenant. If selecting electronic funds transfer (EFT), please confirm with your tenant’s provider that they are able to process EFTs.

Date: Enter Date Here Property Owner Name: Enter Property Owner’s name here

Landlord/Property Manager Name: Enter Landlord/Property Manger’s name here

Property Manager’s Address Enter Property Manager’s Address here:

City: Enter City here State: Select State Zip Code: Enter Zip Code

Phone #:Enter Phone # here Email: Enter Email here

Tenant’s Name: Enter Tenant’s Name here

Address of Rental Unit: Enter Address here City: Enter City Here State: Select State Zip Code: Enter Zip Code

Number of Bedrooms in Rental Unit Listed Above: Enter # of bedrooms

Monthly Rent Amount: $ Enter amount here Date Next Payment Due: Enter Date Here

Amount of Last Payment Received: $ Enter amount here Date of Last Payment: Enter Date Here

Lease Start Date: Enter Date Here Lease End Date: Enter Date Here

Is the tenant in arrears?  Yes No If yes, how much does the tenant owe? $ Enter amount here

Are you currently receiving any other form of rental assistance for this household?  Yes No

If yes, how much have you received? $ Enter amount here per Enter per item here

How do you wish to receive payment?

Electronic Funds Transfer (complete attached ACH form – this is the fastest form of payment)

Check made to Enter Name here and sent to the above address.

The undersigned certifies that to the best of his or her knowledge the apartment referenced above contains no health or safety violations that threatens the health or safety of the tenant. The undersigned certifies that they have not received rent payments, from the City of Dalton Rental Assistance provider or any other program, that covers the unpaid rent listed above. The undersigned agrees that they will not evict the tenant, provide the tenant with a five-day notice, or in any way ask the tenant to leave for the duration of this assistance. The undersigned agrees that if the tenant is facing eviction, the undersigned will only accept payment arrears if the eviction will be avoided. The undersigned confirms that the above information is true and accurate to the best of his or her knowledge and that providing false representations herein constitutes an act of fraud.

Enter Name here Enter Title here

Name Title

Enter Signature here Enter Date here

Signature Date