**CDBG-CV Rental Relief Application Template**

# Purpose

This template is intended for UGLGs/Grantees to facilitate the development of their CDBG-CV Rental Relief Applications for their jurisdiction.

Grantees should review and modify this sample program application to align with their program guidelines and design especially those areas that are highlighted in yellow.

**[Grantee Name]**

**CDBG-CV Rental Relief Application**

# Applicant Summary

Please complete the information below for the applicant seeking rental assistance. This individual must be on the lease or rental agreement.

|  |
| --- |
| **Applicant Information** |
| First Name: | Last Name: |
| Email: | Phone: |
| Landlord / Property Manager Name: | Lease Start Date: | Lease End Date: |
| Landlord / Property Manager Email: | Landlord / Property Manager Phone: |
| Housing Unit Address: |
| Mailing Address *(complete if different from housing unit address):* |
| Preferred Contact Method:🞏 Email🞏 Phone🞏 Mail | Primary Language: | Sex:🞏 Male🞏 Female | Ethnic Background *(select only one):*🞏 Hispanic🞏 Non-Hispanic |
| Racial Background *(select only one):*🞏 White🞏 Black/African American🞏 Asian🞏 American Indian/Alaskan Native🞏 Native Hawaiian/Other Pacific Islander | 🞏 American Indian/Alaskan Native & White🞏 Black/African American & White🞏 Asian & White🞏 American Indian/Alaskan Native & African American 🞏 Other |

|  |
| --- |
| **Household[[1]](#footnote-2) Information** |
| **No.** | **First Name** | **Last Name** | **Relationship to Applicant** | **Date of Birth** | **Disability** |
|  |  |  | Self |  | 🞏 Yes 🞏 No |
|  |  |  |  |  | 🞏 Yes 🞏 No |
|  |  |  |  |  | 🞏 Yes 🞏 No |
|  |  |  |  |  | 🞏 Yes 🞏 No |
|  |  |  |  |  | 🞏 Yes 🞏 No |
|  |  |  |  |  | 🞏 Yes 🞏 No |
|  |  |  |  |  | 🞏 Yes 🞏 No |

# Income Verification

This program is only eligible for households earning at or below 80% of Area Median Income (AMI), as adjusted for household size. The current income limits for Grantee Name are:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Size** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Income Limit** | $ | $ | $ | $ | $ | $ | $ | $ |

To demonstrate your household is eligible for assistance you must report on the income of every person in your household over 18 years old. Complete the following table for each member residing in the household separately. For example, a single person household will only fill-out this table once. However, a three-person household will complete this table three separate times (once for each household member).

|  |
| --- |
| **Part 5 Annual Gross Income** |
| Household Member Name: | Employment Status:🞏 Employed 🞏 Self-Employed | 🞏 Retired🞏 Full-time student | 🞏 Unemployed🞏 Other |
| **Source(s) of Income** | **Monthly Income** | **Supporting Documentation** |
| 🞏 Wages/Salary | $ | 🞏 Copies of 3 most recent paystubs🞏 Other |
| 🞏 Benefits/Pension | $ | 🞏 Copy of award letters🞏 Other |
| 🞏 Public Assistance | $ | 🞏 Copies of award letters🞏 Other |
| 🞏 Other Income | $ | 🞏Copies of most recent 3 months of bank statements🞏 Other |
| 🞏 Assets | $ | 🞏 Copies of most recent 3 months of bank statements🞏 Other |

|  |
| --- |
| **Part 5 Annual Gross Income** |
| Household Member Name: | Employment Status:🞏 Employed 🞏 Self-Employed | 🞏 Retired🞏 Full-time student | 🞏 Unemployed🞏 Other |
| **Source(s) of Income** | **Monthly Income** | **Supporting Documentation** |
| 🞏 Wages/Salary | $ | 🞏 Copies of 3 most recent paystubs🞏 Other |
| 🞏 Benefits/Pension | $ | 🞏 Copy of award letters🞏 Other |
| 🞏 Public Assistance | $ | 🞏 Copies of award letters🞏 Other |
| 🞏 Other Income | $ | 🞏Copies of most recent 3 months of bank statements🞏 Other |
| 🞏 Assets | $ | 🞏 Copies of most recent 3 months of bank statements🞏 Other |

# COVID-19 Impact

A person living in your household must have been negatively impacted by the COVID-19 pandemic to be eligible to participate in the program. Select each type of impact that applies to any individuals living in your household. For each type of impact selected, please attach the necessary supporting documentation.

|  |
| --- |
| **COVID-19 Tieback** |
| **Type of Impact** | **Supporting Documentation** |
| 🞏 Unemployed due to COVID-19 | 🞏 A copy of family member(s) notification of job loss/termination from employer during eligible pandemic period (March 2020 – present), OR🞏 A copy of family member(s) approval for Unemployment Insurance Benefits |
| 🞏 Furloughed due to COVID-19 | 🞏 A copy of family member(s) notification of furlough from employer during eligible pandemic period (March 2020 – present), OR🞏 A copy of form signed by family member(s) employer, confirming reduction in hours and/or pay |
| 🞏 [Other COVID-19 tieback consistent with Grantee’s program guidelines] | 🞏 A copy of other appropriate documentation acceptable to the Grantee as per the program guidelines |
| 🞏 If none of the above apply, please describe how your household family members were impacted by COVID-19 and attach any supporting documentation. |

# Rental Relief Request

The CDBG-CV Rental Relief assistance may be used to pay for rent incurred on or after April 1, 2022. The maximum period of assistance is [six (6)] consecutive months which may include arrears, so long as arrears are for the month of April 2022 or any month thereafter. Please complete the table below by describing the amount you are supposed to pay each month and the amount of assistance you are requesting for each month of assistance.

|  |
| --- |
| **Need for Assistance** |
| **Eligible Use** | **Amount Due** | **Period of Assistance** | **Supporting Documentation** |
| Rent | $ | April 2022 | 🞏 A copy of current, executed residential rental or lease agreement, OR🞏 Other documentation showing property is primary residence |
| $ | May 2022 |
| $ | June 2022 |
| $ | July2022 |
| $ | August 2022 |
| $ | September 2022 |
| $ | October 2022 |
| $ | November 2022 |
| $ | December 2022 |
| **Total** | $ |  |

# Prior Assistance and Duplication of Benefits

The emergency grant assistance provided under this program may not exceed a household’s monthly unmet housing cost needs for a period of up to six consecutive months. Individuals or families that have previously received CDBG-CV emergency grant payments for utilities, clothing, or other housing related needs are only eligible to participate in this program if such assistance was provided less than six months prior to this assistance.

Have you, or any household member previously received CDBG-CV emergency grant payments?

🞏 No, our household has not previously received CDBG-CV emergency grant payments

🞏 Yes, our household previously received CDBG-CV emergency grant payments.

If so, please indicate the first date of assistance from the previous CDBG-CV grant:

 \_\_\_\_\_\_\_\_\_\_\_

The information within this section of the application will provide vital information for ongoing evaluation of Duplication of Benefits (DOB) as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Failure to include prior assistance received for every household member may prevent assistance from being provided or you may be required to repay the duplicative assistance.

Have you, or any household member applied for, or received any financial assistance from any source (federal, state, local, private, etc.) to cover your rental costs since March of 2020?([CARES Act programs](https://files.hudexchange.info/resources/documents/CARES-Act-Programs-CDBG-Awareness-Duplication-Benefits.pdf))

🞏 No, I have not applied for or received any other forms of financial assistance for rental costs

🞏 Yes, I have received other forms of financial assistance that have been used to pay for rental costs

If you answered ‘No’, continue to the next section. If you answered ‘Yes’, please identify each source of rental assistance your household has received. You must complete this table for each source of funds separately. For example, a household that only received one other source of assistance would only complete this form once. However, a household that received three sources of funds will fill-out this information three separate times (once for each source of assistance).

|  |
| --- |
| **Other Source of Rental Assistance** |
| Assistance Provider Name: | Award Date (MM/DD/YYYY): |
| Type of Assistance:🞏 Government Grant🞏 Non-profit Grant | 🞏 Government Forgivable Loan🞏 Non-profit Forgivable Loan | 🞏 Government Loan🞏 Other |
|  |
| **Uses** | **Amount** | **Period of Assistance** | **Supporting Documentation** |
| Rent | $ | April 2022 | 🞏 A copy of award letter🞏 Other |
| $ | May 2022 |
| $ | June 2022 |
| $ | July2022 |
| $ | August 2022 |
| $ | September 2022 |
| $ | October 2022 |
| $ | November 2022 |
| $ | December 2022 |
| **Total:** | $ |  |

|  |
| --- |
| **Other Source of Rental Assistance** |
| Assistance Provider Name: | Award Date (MM/DD/YYYY): |
| Type of Assistance:🞏 Government Grant🞏 Non-profit Grant | 🞏 Government Forgivable Loan🞏 Non-profit Forgivable Loan | 🞏 Government Loan🞏 Other |
|  |
| **Uses** | **Amount** | **Period of Assistance** | **Supporting Documentation** |
| Rent | $ | April 2022 | 🞏 A copy of award letter🞏 Other |
| $ | May 2022 |
| $ | June 2022 |
| $ | July2022 |
| $ | August 2022 |
| $ | September 2022 |
| $ | October 2022 |
| $ | November 2022 |
| $ | December 2022 |
| **Total:** | $ |  |

# Certifications

I/WE have read and understand the forgoing application and requirements. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in MY/OUR not conforming to the requirements of the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted. I/WE further understand that Grantee Name or its agent will contact MY/OUR landlord to confirm payment details and indicate that I/WE will participate in Grantee Name’s CDBG-CV Rental Relief Program.

I/WE further certify that our application for this assistance does not result in a conflict of interest as described in the program guidelines. I/WE further certify that 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 knowingly and willingly making a false or fraudulent statement to a department of the United States Federal Government is a felony and grounds for termination of assistance.

I/WE certify that this information is complete and accurate and have provided the following supporting documentation as required to determine MY/OUR eligibility for the program:

1. Copy of valid identification for all family members over the age of 18
2. Copy of income documentation for all family members over the age of 18
3. Most recent three months of bank statements and proof of all asset accounts
4. Copy of documentation demonstrating your household was negatively impacted by COVID-19
5. Proof that you are the current tenant of the property

I/WE further certify under penalty of perjury, under the laws of the State of California, that I/WE am/are not able to receive, and have not received, other federal or non-federal benefits or other forms of rental assistance that have not been disclosed in the Duplication of Benefits section of this application. I/WE shall further certify that I/WE will not pursue other federal or non-federal benefits for the same rental costs during the same period that is being covered by this CDBG-CV Rental Relief Program.

I/WE explicitly allow the Grantee Name to share and request any non-public or confidential information with and from any organization with which I/WE have applied for, may have applied for, or is receiving rental assistance from, to enable the Grantee Name to monitor and enforce compliance with the Duplication of Benefits requirements applicable to this CDBG-CV Rental Relief Program.

|  |  |  |
| --- | --- | --- |
| **Printed Name (First, Last)** | **Signature** | **Date** |
| Applicant: |  |  |
| Co-Applicant: |  |  |

|  |  |  |
| --- | --- | --- |
| **Printed Name (First, Last)** | **Signature** | **Date** |
| Other Household Member over age 18: |  |  |
| Other Household Member over age 18: |  |  |
| Other Household Member over age 18: |  |  |
| Other Household Member over age 18: |  |  |

1. Within this program, the term household is generally interchangeable with family and generally includes members residing in the household as described in the definition of 24 CFR part 5.403. [↑](#footnote-ref-2)