



City of Greensboro CARES Act Application for COVID-19 Rental/Utility Assistance

Type of Assistance

Assistance is available to qualified households towards emergency monthly rental/utility assistance for their primary residence. Rental assistance is limited to a maximum benefit of \$1,500 per household. Utility assistance is limited to a maximum benefit of \$400 per household.

Please note this program provides rental and utility assistance only. Assistance with other housing expenses including repairs, taxes and other costs are not eligible under this program.

Applicant Eligibility

- Must live within Greensboro city limits;
- Household income is less than 80% Area Median Income; and
- Be a U.S. citizen or legally admitted for residence in the United States. For the purposes of this program, “residency” is defined as a US citizen, permanent resident, resident with eligible immigration status, or have Deferred Action for Childhood Arrival (DACA) status.

This program is supported by Community Development Block Grant Coronavirus (CDBG-CV) funds from the U.S. Department of Housing and Urban Development (HUD). Federal regulations require that we obtain certain information to document that assistance is being provided to low- and moderate-income households. Household income verification is MANDATORY for program participation.

Confidentiality

All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application to the applicant's leaser, if requested.

Required Attachments

1. Proof of Residency [i.e. driver's license or other governmental documentation evidencing residency]
2. Copy of Rent Statement or Lease Agreement and/or Utility Bill showing past due amount
3. Household Income Verification with Proof of Financial Hardship [ex. paystubs, letter of termination or furlough, proof of unemployment]

GENERAL INFORMATION

Please complete all information to be considered for assistance					
Full Name:					
Email Address:					
Street Address:					
Unit #:					
City:		State:		Zip code:	
Mobile Phone:				Other Phone:	
Type of Dwelling:		Single-Family		Condo/Townhouse	
		Other Specify: _____			
Annual Household Income:		\$		Number of Persons in Household:	
Amount of Monthly Housing Payment:					

ASSISTANCE INFORMATION

Duplication of Benefits: Have you received assistance or received a commitment for assistance related to COVID-19 from any other source?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list the agency:	
<i>If yes, be aware that you are not eligible to receive duplicate funding under this program.</i>	

Please detail any financial assistance you receive or will receive from other sources:		
Provider	Description of Assistance	Amount Received
		\$
		\$
		\$

Identify the assistance you are requesting with this application. (Select all that apply.)

- Rental Assistance
- Water Utility Assistance
- Electric Utility Assistance
- Gas Utility Assistance

Rental Information: Grants will be payable to the rental agency	
Name of rental	
Website address:	
Telephone:	

Water Utility Information: Grants will be payable to the utility provider	
Name of Utility Provider	
Website address:	
Telephone:	
Account #:	

Electric Utility Information: Grants will be payable to the utility provider	
Name of Utility Provider	
Website address:	
Telephone:	
Account #:	

Gas Utility Information: Grants will be payable to the utility provider	
Name of Utility Provider	
Website address:	
Telephone:	
Account #:	

CERTIFICATIONS

I certify the dwelling is my primary residence:	Yes	No
I certify that I am one of the following: a US citizen, permanent resident, have eligible immigration status or have Deferred Action for Childhood Arrival (DACA) status).	Yes	No
I agree to provide an additional statement verifying my citizenship/residency status:	Yes	No

DECLARATION	
<p>By signing this application, I verify that all the information presented herein is true and correct to the best of my knowledge. I agree that the rental agency listed above may be contacted to verify information contained in this application. I provided all supplemental documents as required. By signing this application I also acknowledge that evidence of eligible immigration status may be released by the agency or the City without responsibility for the further use or transmission of the evidence by HUD and the INS for the purposes of verifying individual immigration status.</p>	
Print Name of Applicant:	
Signature of Applicant:	
Date:	
Mail, email, or fax application with attachments to the attention of:	
<p>Greensboro Housing Coalition Attn: COVID-19 Relief 1031 Summit Ave, Suite 1E-2 Greensboro NC 27405</p> <p>Email: GSOcovid19Relief@gsohc.org</p> <p>Phone: 336.691.9521</p>	
For GHC Admin Use Only:	
We have reviewed the attached City of Greensboro COVID-19 relief funding application and recommend to GHC Accounting staff that it be considered for funding.	
Recommended Amount:	\$ _____ Rent \$ _____ Water \$ _____ Electric \$ _____ Gas \$ _____
Signature of Designated Staffer (DS):	
Special Notes:	
For GHC Accounting Office Use Only:	
Date Received from DS:	
Reviewed by:	
Amount Approved/Processed for Grant Funding:	\$ _____
Special Notes:	

City of Greensboro
Community Development Block Grant (CDBG) Rental/Utility Assistance Program
FY 2019-2020, Income Self-Certification for Program Applicants

This program is supported by Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document that assistance is being provided to low- and moderate-income households. This information is collected for statistical purposes only and is kept in strict confidence. The applicant should complete this form indicating all persons residing within their household, regardless of whether or not they are related. Income verification is **MANDATORY** for program participation.

Applicant Name _____

Address _____

City & State _____ **Zip Code** _____

1. **Status (Select all that apply):** **62 years or older** **Disabled** **Male** **Female**
2. **Is anyone in your household a Veteran?** **Yes** **No**
3. **Head of Household: Are you the head of household?** **Yes** **No**
4. **If you are not the head of household, is the head of household female?** **Yes** **No**

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

5. **Please circle your household size (Column A) on the chart below. Then, check your annual household income range (Column B.) based on your household size:**

A. Household Size	B. Total Household Income		
	0-30%	31-50%	51-80%
1	<input type="checkbox"/> 0 - \$13,900	<input type="checkbox"/> \$13,901 - \$23,150	<input type="checkbox"/> \$23,151 - \$37,050
2	<input type="checkbox"/> 0 - \$17,240	<input type="checkbox"/> \$23,151 - \$26,450	<input type="checkbox"/> \$37,051 - \$42,350
3	<input type="checkbox"/> 0 - \$21,720	<input type="checkbox"/> \$26,451 - \$29,750	<input type="checkbox"/> \$42,351 - \$47,650
4	<input type="checkbox"/> 0 - \$26,200	<input type="checkbox"/> \$29,751 - \$33,050	<input type="checkbox"/> \$47,651 - \$52,900
5	<input type="checkbox"/> 0 - \$30,680	<input type="checkbox"/> \$33,051 - \$35,700	<input type="checkbox"/> \$52,901 - \$57,150
6	<input type="checkbox"/> 0 - \$35,160	<input type="checkbox"/> \$35,701 - \$38,350	<input type="checkbox"/> \$57,151 - \$61,400
7	<input type="checkbox"/> 0 - \$39,640	<input type="checkbox"/> \$38,351 - \$41,000	<input type="checkbox"/> \$61,401 - \$65,600
8	<input type="checkbox"/> 0 - \$43,650	<input type="checkbox"/> \$41,001 - \$43,650	<input type="checkbox"/> \$65,601 - \$69,850

My annual household income is above the amounts listed on the table.

My total household income is _____

6. Please enter annual income for each household member 18 years of age and older.

ANTICIPATED ANNUAL HOUSEHOLD INCOME				
Full Name	Wages/Salary	Benefits/Pension	Public Assistance	Other Income

Source income documents are required to determine household eligibility for the program. These documents may include: Prior year tax return, copies of wages statements, copy of Medicaid card, etc.

7. Hispanic Ethnicity? Yes No
If either "Yes" or "No" is select above, you must also select a race below.

8. Race (Must check only one):

- American Indian/Alaskan Native Asian White
- Native Hawaiian/Pacific Islander Asian & White Black/African American
- American Indian/Alaskan Native & White Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other/Multi-Racial: _____

9. Please list anyone in your household that is living in your household. This may be adults or children. Only list household members.

ADULTS OR CHILDREN LIVING IN THE HOUSEHOLD				
Full Name	Age	Gender	Hispanic (Y/N)	Race

Applicant Certification:

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Greensboro. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level, and that the income level and/or status I have indicated in this self-certification is subject to further verification by the agency providing services, the City of Greensboro and/or HUD. **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.**

I therefore authorize such certification and will provide documentation of all income sources upon request.

Applicant's Signature: _____

Date: _____

GHC Staff Name (please print): _____

Date: _____

GHC Staff Signature: _____