



City of Greensboro CARES Act Application for COVID-19 Emergency Mortgage Assistance

Type of Assistance

Assistance is available to qualified households towards emergency monthly mortgage assistance for their primary residence. Up to \$1,500 in emergency mortgage assistance is available per household. The maximum amount of \$1,500 can be applied to one to three months' mortgage payments.

Please note this program provides mortgage assistance only. Assistance with other housing expenses including utilities, rental, repairs, taxes and other costs is not available 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 lender, if requested.

Required Attachments

1. Proof of Residency [i.e. driver's license or other governmental documentation evidencing residency]
2. Copy of Current Mortgage Statement or Mortgage Payment Coupon
3. Household Income Verification with Proof of Financial Hardship [ex. paystubs, letter of termination or furlough, proof of unemployment]

GENERAL INFORMATION

<i>Please complete all information to be considered for assistance</i>					
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:					
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?	
Yes	
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	Amt Received
		\$
		\$
		\$

Lender/Mortgager Information: Grants will be payable to the mortgage lender	
Name of lender/mortgage servicer:	
Website address:	
Telephone:	
Mortgage Loan 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

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 lender 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.

Print Name of Applicant:	
Signature of Applicant:	
Date:	

Mail, email, or fax application with attachments to the attention of:

Housing Consultants Group
Attn: COVID-19 Relief
1031 Summit Ave, Suite 2E-2
Greensboro, NC 27405

Email: lwilliams@housingconsultantsgroup.org

Phone: 336.553.0946, ext. 2
Fax: 336.553.0948

www.housingconsultantsgroup.org

For HCG Admin Use Only:

We have reviewed the attached City of Greensboro COVID-19 relief funding application and recommend to HCG Accounting staff that it be considered for funding.

Recommended Amt:	\$
Signature of Designated Staffer (DS):	

Special Notes:

For HCG 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 (Check 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 _____

HCG Staff Name (please print): _____ Date _____

HCG Staff Signature _____