



Lansing CARES Program

Rent and Mortgage Relief Grant for *City of Lansing* Residents Affected by COVID-19

APPLICATION PACKET

Eligibility Period: March 1, 2020 – Present

Applications will be accepted until funds are exhausted. Certain household applications will receive priority for assistance as described below:

Priority #1: Households who have received notice of eviction or foreclosure due to COVID-19.

Priority #2: Households who demonstrate they are behind on paying their rent or mortgage due to COVID-19.

Questions? Contact us at:

assistance@capitalareahousing.org | (517) 332-4663

Applications are available for download at www.capitalareahousing.org. A hardcopy of the application can be picked up at the location below or we will mail a copy to you.

Submit applications and supporting documentation:

- Email to assistance@capitalareahousing.org
- Drop off applications between 9:00 a.m. and 4:00 p.m.

Capital Area Housing Partnership
(*Neighborhood Empowerment Center*)
600 W. Maple Street Suite D,
Lansing, MI 48906

Funding for this program is part of the Coronavirus Aid Relief and Economic Security Act (CARES) Community Development Block Grant Program through the U.S. Department of Housing and Urban Development.

Lansing CARES: *Program Guidelines*

OVERVIEW:

- This **one-time grant** is for qualified City of Lansing residents to receive up to three months or \$5,700, whichever comes first, of past-due rent or mortgage payments because of a temporary job loss, reduction in work hours or other income hardship caused by the COVID-19 pandemic.
- Approved payment(s) will be made by Capital Area Housing Partnership on-behalf of a qualified household.
- This program is designed to assist low income households whose gross household income is less than 80% of the Area Median Income (AMI) as defined by the U.S. Department of Housing and Urban Development (HUD). See chart on page 3.
- Please review these guidelines carefully and complete, sign, and submit the Application Form and the Third-Party Authorization. Additional documentation may be requested.
- Eligibility Period: March 1, 2020 – Present
- Applications will be accepted until funds are exhausted. Certain household applications will receive priority for assistance as described below:
 - Priority #1: Households who have received notice of eviction or foreclosure due to COVID-19.
 - Priority #2: Households who demonstrate they are behind on paying their rent or mortgage due to COVID-19.

ELIGIBLE USE OF FUNDS:

- Rent payment (includes land contract payments, mobile home lot rent)
- Mortgage payment (Homeowners Insurance & Property Taxes only eligible if escrowed by mortgage co.)

APPLICANT ELIGIBILITY:

- Employment/income must have been impacted by the COVID-19 pandemic, beginning March 1, 2020 or later.
- The hardship that renders the household unable to pay rent or mortgage must be COVID-19 related.
- Rent or mortgage must be past due a minimum of one month.
- Rent or mortgage assistance payment must bring the balance owed current.
- Applicant(s) must be a current legal resident in the City of Lansing with proof of ID that matches the address on the lease or mortgage.
- May only apply for rent or mortgage assistance related to your primary place of residency.
- For mortgage assistance, must be owner-occupied home.
- Have a household income less than 80% of the Area Median Income (AMI) as defined by HUD at the time of application (see chart below)
- Household rent cannot exceed 20% above the HUD Fair Market Rent
- One application per household.
- Applicant, Landlord, and/or Mortgage Servicer must sign an agreement ensuring there are no duplication of benefits and/or any other local, state, federal or other charitable resources paying for the same past due payments.

INCOME ELIGIBILITY:

Applicants are qualified by the maximum income categories listed below based on the household size. Maximum gross household income is based on 80% Area Median Income (AMI) as defined by HUD. An applied assumption is that your current income will continue for the next 12 months.

HOUSEHOLD INCOME ELIGIBILITY	
Persons Per Household	Maximum Income Limits (80% AMI)
1	\$44,950
2	\$51,350
3	\$57,750
4	\$64,150
5	\$69,300
6	\$74,450

FY21 Income Limits

DISTRIBUTION OF FUNDS:

Once the complete application is reviewed, the applicant will be notified regarding their approval or denial. Capital Area Housing Partnership will issue payment to the rental owner or mortgage company directly.

NOTE: Please make sure you complete the Third-Party Authorization Form.

RESOURCE REFERRALS:

Referrals to other programs offering financial assistance for rent or mortgage will be recommended if an applicant is not eligible for this program or to other resources to meet additional housing needs.

The U.S. Department of Housing and Urban Development (HUD) recommends that households should spend less than 50% of gross household income for housing payments. No cost Housing Counseling is available if you need additional resources. To meet with a HUD certified Housing Counselor visit www.capitalareahousing.org or call 517-332-4663.

Lansing CARES Program:

Rent and Mortgage Relief Grant for City of Lansing Residents Affected by COVID-19.

Applicant Document Checklist

✓ Done	Document	Notes
<input type="checkbox"/>	Completed Application	
<input type="checkbox"/>	Third Party Authorization and Waiver of Confidentiality	
<input type="checkbox"/>	State of Michigan Photo ID (must match the address on the lease/mortgage)	
<input type="checkbox"/>	Active Lease agreement, including an agreement to rent month-to-month if expired	
<input type="checkbox"/>	Notice to Quit or other written documentation of amount past due for payment	
<input type="checkbox"/>	Most recent mortgage statement	
<input type="checkbox"/>	Most recent pay stubs (2 Months)	Submit for all income earning adults in the household.
<input type="checkbox"/>	Most recent Bank Statements (2 Months)	Submit for all income earning adults in the household. Include all accounts.
<input type="checkbox"/>	Verification of ALL sources of Income. Examples include: Pay Stubs (2 months), Unemployment Award Letter, Social Security, Disability, or SSI Award Letter, Verification of Pension, Verification of Child Support/ Alimony, Veteran's Benefit, Worker's Compensation Statement, Self-employment – Year to date Profit/Loss and last two year's income tax	

Lansing CARES Program:

Rent and Mortgage Relief Application

The information provided shall be kept confidential and used only for the purpose of determining eligibility for financial assistance.

Applicant Name:

Address:

Phone:

Email:

I rent my home:

☐ Yes ☐ No

I own my home:

☐ Yes ☐ No

Housing Type:

☐ Mobile Home

☐ Apartment

☐ Duplex

☐ Land Contract

☐ Single-Family Home

☐ Condo

☐ Subsidized Housing (*Not eligible for assistance*)

Is this your primary residence?

☐ Yes ☐ No

HOUSEHOLD INFORMATION:

1. Applicant Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race (Select all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Racial		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Household Information – List **ALL** other persons living with you including children under the age of 18.

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Racial		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					



Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race (Select all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Racial		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No					
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race (Select all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Racial		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No					
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race (Select all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Racial		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No					
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race (Select all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Racial		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No					
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

*Complete additional pages as needed to respond for all household members



HOUSEHOLD INCOME:

Does your household have any income? **No** ☐ **Yes** ☐ → Total monthly household income \$ _____

Please check **all** sources of income that your household receives. **ATTACH PROOF.**

<input type="checkbox"/> Social Security benefits	<input type="checkbox"/> Disability benefits	<input type="checkbox"/> Employment/earned income
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Self-employment income	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Pension/retirement benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Money from family/friends
<input type="checkbox"/> Veteran's benefits/Military allotments	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other, please list
<input type="checkbox"/> Tribal payments		
<input type="checkbox"/> Other income payment to a household Member		

*Complete additional pages as needed.

Household Member Name	Source of Income (Include Employer Name)	Rate of Pay	Payment Basis (Hourly, weekly, monthly, etc.)

SAVINGS, INVESTMENTS, ASSETS:

Enter liquid assets such as checking, savings, money market accounts, equity in rental properties, life insurance policies, and cash on hand and on pre-paid benefit cards for **all household members**, etc. Household liquid assets may not exceed \$2,000.00.

Type	Amount	Name of Institution	Household Member Name
Checking Account			
Savings Account			
Other			
Other 2			

NOTE: Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. If the asset does not generate income, report zero. If the household member does not have assets, leave blank.

Assets may include, but not limited to **ALL** household members Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)



RENT or MORTGAGE PAYMENT:

I am seeking help with the following:

Type	Yes/No	Name of Provider	Amount Past Due
Mortgage			
Rent			

NOTE: Submit copies of past due bills. Include any Notice to Quit, Demand for Possession, Foreclosure Notice, Past due statements and/or written communication from your provider.

Program can only cover past due balances from March 1, 2020 through June 30, 2020. Balances must still be unpaid to be eligible for assistance. If children between the ages of 4 years old and 17 years old live in the household, past due Internet payments are eligible.

DUPLICATION OF BENEFITS:

- ☐ **Yes**, I have received other assistance to help with this past due balance.
- ☐ **No**, I have not received any other assistance to help with this past due balance.

If Yes, detail below if you have received any other type of assistance in covering your past due balance. Assistance may include, but not limited to family help, employer help, other government funding, eviction diversion program, DHHS State Emergency Relief, etc.

COVID-19 HARDSHIP:

Describe briefly below why you fell behind on your housing payments due to COVID-19? (i.e., COVID related unemployment, medical costs, childcare issues):



APPLICANT AGREEMENT:

Penalty for False or Fraudulent Statements:

U.S. C. Title 18, Sec. 1001, provides: "whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies ... or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Data Privacy Act:

The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the Lansing CARES CDBG-CV Rent and Mortgage Relief Grant Program. Failure to provide the requested information may jeopardize the application for rent/mortgage/utility assistance.

1. I/We understand that verification of the information provided above may be obtained from any source.
2. I/We understand, if I/We provide false information or fail to disclose full information as to any material fact/s, that this application may be rejected, may be terminated, and that I/We may be liable in a civil action or other legal remedy at the option of Capital Area Housing Partnership and the City of Lansing.
3. I/We fully understand that it is a federal crime if I/We knowingly make any false statements for the purpose of obtaining this financial assistance, and that it is punishable by fine or imprisonment, or both.
4. I/We certify that all information in this application is true and complete to the best of my/our knowledge and belief.
5. I/We certify that I/We occupy the address above.
6. I/We understand that the funds will be awarded as a grant.
7. I/We certify that we will not receive duplication of benefits from another agency.
8. I/We understand that we may only receive this funding once.
9. I/We understand that we may be required to speak with a HUD certified Housing Counselor regarding our situation.

Applicant Signature

Date

Co-Applicant Signature

Date

RETURN APPLICATION AND SUPPORTING DOCUMENTATION TO:

- Email to assistance@capitalareahousing.org
- Drop off applications between 9:00 a.m. and 4:00 p.m.

Capital Area Housing Partnership
(Neighborhood Empowerment Center)
 600 W. Maple Street - Suite D
 Lansing, MI 48906



Lansing CARES Program:

Rent and Mortgage Relief Grant for City of Lansing Residents Affected by COVID-19.

THIRD-PARTY AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To:

Mortgage Servicer/Landlord/Internet Co.

Re:

Name:

Social Security #

Account #:

This is to notify you that I (we), ,

Client Name(s)

residing at , authorize

Client Address

Capital Area Housing Partnership and its representatives to assist me with my housing issues including contact with my mortgage servicer or landlord. You are authorized to provide any records and information about me and my case including confidential information that may be asked for.

(Client Signature)

(Date)

(Client Signature)

(Date)



Capital Area Housing Partnership

600 W. Maple Street – Suite D | Lansing, MI 48906

assistance@capitalareahousing.org | (517) 332-4663

