Emergency Rent and Mortgage Relief Grant Program for *East Lansing* Citizens Affected by COVID-19

**APPLICATION PACKET**

Eligibility Period: March 1, 2020 – September 30, 2022
Applications will be accepted until funds are exhausted. This program provides a one-time grant for eligible households.

**Questions? Contact us at:**
[assistance@capitalareahousing.org](mailto:assistance@capitalareahousing.org) | (517) 332-4663

Applications are available for download at [www.capitalareahousing.org](http://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](mailto: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
East Lansing Emergency Rent and Mortgage Relief Program

Program Guidelines

Eligibility Period: March 1, 2020 – September 30, 2022

Applications will be accepted until funds are exhausted. Applications are processed on a first-come, first-qualified, first-served basis.

INTRODUCTION

This one-time grant is for eligible East Lansing residents to pay up to three months of past-due rent and mortgage payments because of a temporary job loss, reduction in work hours or other income hardship caused by the COVID-19 pandemic. Payment(s) will be made by Capital Area Housing Partnership on behalf of a qualified household up to a maximum of $2,000 per 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 4.

Please review these guidelines carefully and complete, sign, and submit the Application Form and the Third-Party Authorization. If you have any questions, you can contact Capital Area Housing Partnership by email at assistance@capitalareahousing.org or by phone at (517) 332-4663.

PROGRAM FUNDING

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) provides critical assistance through HUD’s Community Development Block Grant (CDBG) program to address community needs resulting directly from the pandemic. CDBG COVID funds will support the housing relief program to sustain housing for low income residents and prevent homelessness. Residents of the City of East Lansing are eligible to apply for assistance.

ELIGIBLE USE OF FUNDS

Direct payments will be made to the landlord or property manager or mortgage company on the applicant’s behalf. No payments will be made directly to the applicant.

- Rent payment (includes land contract payments, mobile home lot rent, late fees, court costs)
- Mortgage payment and/or association fees

APPLICANT ELIGIBILITY

Applicants must meet the following criteria:

- Employment/income must have been impacted by the COVID pandemic, beginning March 1, 2020 or later.
- The hardship that renders the household unable to pay rent or mortgage must be COVID 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 East Lansing with proof of ID that matches the address on the lease or mortgage statement
• May only apply for rent or mortgage assistance related to one primary property
• Have a household income at or below 80% AMI as defined by HUD at the time of application (see chart on page3)
• One application per household
• Applicant must sign an agreement ensuring there are no other local, state, federal or other charitable resources paying for the same rent or mortgage assistance.

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.

<table>
<thead>
<tr>
<th>Persons Per Household</th>
<th>Maximum Income Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$44,950</td>
</tr>
<tr>
<td>2</td>
<td>$51,350</td>
</tr>
<tr>
<td>3</td>
<td>$57,750</td>
</tr>
<tr>
<td>4</td>
<td>$64,160</td>
</tr>
<tr>
<td>5</td>
<td>$69,300</td>
</tr>
<tr>
<td>6</td>
<td>$74,450</td>
</tr>
<tr>
<td>7</td>
<td>$79,550</td>
</tr>
<tr>
<td>8</td>
<td>$84,700</td>
</tr>
</tbody>
</table>

FY2020 Income Limits

APPLICATION
Funds will be provided on a first-come, first-qualified, first-served basis. For consideration, applications must be fully completed and include all required supporting documentation. Application forms can be downloaded from Capital Area Housing Partnership’s website at www.capitalareahousing.org. Applications and all supporting documentation can be submitted by email to assistance@capitalareahousing.org. Applications can be mailed or dropped off Monday - Friday between 9:00 a.m. and 4:00 p.m. at:

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

The U.S. Department of Housing and Urban Development (HUD) recommends that households should spend less than 40 percent of gross household income for housing. Housing counseling information is available at www.capitalareahousing.org
DISTRIBUTION OF FUNDS
Once the complete application is reviewed, the applicant will be notified regarding the 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 and mortgage payments will be recommended if an applicant is not eligible for this program or to other resources to meet additional housing needs. No cost housing counseling services may be recommended.

Eligibility Period: March 1, 2020 to September 30, 2022
Applications will be accepted during each phase until funds are exhausted. This program provides a one-time grant for eligible households.
www.capitalareahousing.org

Questions? Contact us at:
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• Drop off applications between 9:00 a.m. and 4:00 p.m.
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  (Neighborhood Empowerment Center)
  600 W. Maple Street - Suite D
  Lansing, MI 48906
## Applicant Document Checklist

<table>
<thead>
<tr>
<th>Done</th>
<th>Document</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completed Application</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Third Party Authorization and Waiver of Confidentiality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State of Michigan Photo ID (must match the address on the lease/mortgage)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active Lease agreement, including an agreement to rent month-to-month if expired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notice to Quit or other written documentation of amount of rent owed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most recent mortgage statement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most recent pay stubs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most recent Bank Statements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verification of ALL sources of Income. Examples include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pay Stubs (1 month), Unemployment Award Letter,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Security, Disability, or SSI Award Letter,</td>
<td></td>
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<tr>
<td></td>
<td>Verification of Pension, Verification of Child Support/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alimony, Veteran’s Benefit, Worker’s Compensation Statement, Self-employment – Year to date Profit/Loss and last two year’s income tax</td>
<td></td>
</tr>
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</table>
East Lansing Emergency 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: I own my home: 
❑ Yes ❑ No ❑ Yes ❑ No

Housing Type: 
❑ Mobile Home ❑ Apartment ❑ Duplex
❑ Single-Family Home ❑ Condo

Is this your primary residence? 
❑ Yes ❑ No

HOUSEHOLD INFORMATION

1. Applicant Information

<table>
<thead>
<tr>
<th>Full Name (Head of Household)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Race</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>Female</td>
<td>American Indian or Alaskan Native</td>
<td>Non-Hispanic/Non-Latino</td>
</tr>
<tr>
<td>Male</td>
<td>Asian</td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>Trans Female (MTF or Male to Female)</td>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Trans Male (FTM or Female to Male)</td>
<td>Native Hawaiian or other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Gender Non-Conforming</td>
<td>White</td>
<td></td>
</tr>
</tbody>
</table>

2. Household Information – List all other persons living with you.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
</tr>
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<td>White</td>
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</tbody>
</table>

Relationship to Head of Household
❑ Head of Household’s child
❑ Head of Household’s spouse or partner
❑ Head of Household’s other relation member (other relation to head of household)
❑ Other: non-relation member
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Relationship to Head of Household
- Head of Household’s child
- Head of Household’s spouse or partner
- Head of Household’s other relation member (other relation to head of household)
- Other: non-relation member
3. **Household Income**— Does your household have any income? □ No □ Yes → Total monthly household income $ ________

Please check all sources of income that your household received in the last 30 days. ATTACH PROOF

- Social Security benefits
- Supplemental Security Income (SSI)
- Disability benefits
- Self-employment income
- Employment/earned income
- Worker’s Compensation
- Pension/retirement benefits
- Unemployment
- Money from family/friends
- Veteran’s benefits/Military allotments
- Child Support
- Other, please list
- Tribal payments
- Other income payment to a household member
- Money from family/friends

<table>
<thead>
<tr>
<th>Household Member Name*</th>
<th>Source of Income (include employer name) If Applicable</th>
<th>Rate of Pay</th>
<th>Payment Basis (hourly, weekly, monthly, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
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*Complete additional pages as needed.

**HARDSHIP**
Describe briefly why you fell behind on your housing payments? (i.e., COVID related unemployment, medical costs, childcare issues):

**RENT OR MORTGAGE PAYMENT**
I am seeking help with the following (check all that apply):

<table>
<thead>
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<th>Type</th>
<th>Yes/No</th>
<th>Account #</th>
<th>Amount Due</th>
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</thead>
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<tr>
<td>Mortgage</td>
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Name of Mortgage Company/Landlord/Association: ____________________________

Address: ____________________________

Phone Number: ________________________ Email Address: ________________________
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Name of Mortgage Company/Landlord/Association: 

Address:

Phone Number:  Email Address:
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 CDBG-CV Rent and Mortgage Relief Grant Program for Citizens. 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 East 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

Co-Applicant Signature

RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO
Submit applications and supporting documentation:
• Email to assistance@capitalareahousing.org
• Drop off applications between 9:00 a.m. and 4:00 p.m.

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(Neighborhood Empowerment Center)
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Applications will be reviewed on a first-come, first-qualified, first-served basis. Applications will be accepted until the grant funds are exhausted or the City of East Lansing determines that grant funds are no longer necessary to mitigate the negative effects of the COVID-19 pandemic.
East Lansing COVID-19 Emergency Rent and Mortgage Relief Program

THIRD-PARTY AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: _____________________________

Mortgage Servicer/Landlord/Utility 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 and 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) __________________________