



Rent, Mortgage & Utility 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 City of East Lansing households.

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

PROGRAM GUIDELINES

OVERVIEW:

- This **one-time grant** is for qualified City of East Lansing households to receive up to six months or \$7,000.00, whichever comes first, of past-due rent or mortgage payments, and/or six months or \$3,000.00, whichever comes first, of past-due utility payments.
- Households must have experienced 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 and paid directly to the landlord, mortgage servicer and/or utility provider.
- Please review this application packet carefully. Complete, sign, and submit the Application Form, the Third-Party Authorization and required supporting documentation.
- Eligibility Period: March 1, 2020 – Present. Applications will be accepted until funds are exhausted.

ELIGIBLE USE OF FUNDS:

- Mortgage payment, Rent payment (includes land contract payments and mobile home lot rent), and/or Utility payment (Gas, Water, and Electric direct service costs only).

HOUSEHOLD ELIGIBILITY:

- The hardship that renders the household unable to pay rent, mortgage and/or utilities must be COVID-19 related.
- Rent, mortgage and/or utilities must be past due a minimum of one month.
- 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, mortgage, or utility statement.
- May only apply for rent, mortgage and/or utility assistance related to your primary place of residency.
- For mortgage assistance only the household must be an owner-occupied home.
- This program is designed to assist low-to-moderate income households with gross household income at or below 80% of the Area Median Income (AMI) as defined by the U.S. Department of Housing and Urban Development (HUD).
- One application per household.
- Applicant cannot currently receive any subsidized rental assistance.
- 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
1	\$44,350
2	\$50,650
3	\$57,000
4	\$63,600
5	\$68,400
6	\$73,450

East Lansing COVID-19 Rent, Mortgage & Utility Relief Program

Applicant Document Checklist

✓ Done	Document	Notes
<input type="checkbox"/>	Completed Application	Pages 4 through 9.
<input type="checkbox"/>	Third Party Authorization and Waiver of Confidentiality	
<input type="checkbox"/>	Copy of 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"/>	Proof of past due mortgage, rent and/or utility amount.	Examples: Notice to Quit, Rent Ledger, Mortgage Statement, Utility bill.
<input type="checkbox"/>	Most recent mortgage statement	
<input type="checkbox"/>	Most recent pay stubs	Submit for all income earning adults in the household.
<input type="checkbox"/>	Most recent Bank Statements	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 (1 month), 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	

RESOURCE REFERRALS:

- Referrals to other programs offering financial assistance for rent, mortgage and utility payments 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.

East Lansing COVID-19 Rent, Mortgage & Utility 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

☐ Single-Family Home

☐ Condo

☐ Subsidized Housing (*Not eligible for assistance*)

Is this your primary residence?

☐ Yes ☐ No

HOUSEHOLD INFORMATION:

1. Head of Household 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 <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 Other: _____		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino Other: _____	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Other: _____		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino Other: _____	
				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					



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Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No					
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***Complete additional pages as needed to respond for all household members**



HOUSEHOLD INCOME:

Please check **all** sources of income that your household receives. This includes everyone 18 years of age or older in your household. **Submit proof of each income source for each adult.**

<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)	Monthly Gross Wages	Payment Basis (weekly, monthly, 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):



RENT, MORTGAGE and/or UTILITY PAYMENT:

I am seeking help with the following (check all that apply):

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

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 September 30, 2022. Balances must still be unpaid to be eligible for assistance.

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.



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

Date

Co-Applicant Signature

Date

RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO:

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

Capital Area Housing Partnership
600 W. Maple Street - Suite D
Lansing, MI 48906

Applications will be reviewed on a first-come, first-qualified, and 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 Rent, Mortgage & Utility Relief Program

THIRD-PARTY AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To:
Mortgage Servicer/Landlord/Utility Co.

Social Security #:

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, landlord and/or utility provider. 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)



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