

# **Rent & Mortgage Relief Program**

Please take a moment to review the following information:

#### **Program Overview:**

- This is a short-term program, designed to support housing stability during the Coronavirus pandemic and prevent eviction from your primary residence.
- We will use diversion strategies to identify strategies, supports and resources to alleviate the immediate crisis and develop a plan to maintain housing.
- A payment plan with your landlord may be required for some of your rental arrears and associated fees.

#### Program Requirements:

- You must have a valid lease, mortgage, or other documentation of a landlord/tenant relationship.
- You must have a rent or mortgage amount that is less than 150% of the Fair Market Rate
- You must have experienced a loss of income due to the Coronavirus pandemic
- Households under 50% of the Area Median Income are prioritized, but all households with a gross income below 80% of the Area Median Income are eligible.
- Documentation of income and certification of loss from Coronavirus is required
- Your landlord must be willing to participate with the Rent & Mortgage Relief Program requirements

#### Services Available:

- Assistance with developing a plan to solve the housing crisis and prevent future episodes of housing instability.
- Negotiation/mediation with landlord and informal supports to remain in existing housing.
- Linkage to community resources and mainstream benefits
- When appropriate, referrals to other programs and agencies that specialize in employment, housing counseling, credit repair and money management.

#### Other:

You do NOT have to enroll in this program. Declining these services will not exclude you
from other housing or financial assistance programs nor does it give you priority for any
other programs that may be available.

After reviewing this information, I am choosing to:

APPLY for this program

NOT apply for this program



## **Program Application:**

Applicant Name:					
Address:					
City, Zip Code:					
Number of adults in	n household ar	nd their ages:			
Number of children	in the househ	nold and their ages:			
Please explain how current place of res		9 Crisis has impacte	d your ability to	pay rent/mortgage a	at your
Did you have a leas	se in your nam	ne at this address o	n <b>3/17/2020</b> ?	Yes No	
Monthly rent/mort	tgage paymen	t:	Tota	l amount owed:	
Is this a Section 8, 1 Yes	FBRA, public ho	ousing, leasing as a d	tax credit or othe	er subsidized housing	program?
Have you tried to r	egotiate a rec	luction in the balan	ce due or set up	a payment plan with	your
landlord/mortgage	holder? If ye	s, what was the out	come? If no, do	you believe you and y	your landlord
could make an arra	ngement to pa	ay back all or a porti	ion of your past o	due rent over the nex	t 6 months?
Name of landlord/	mortgage hold	ler:			
Business name (if a	pplicable):				
Address					
City, State, Zip:					
Phone number:			Fax:		



### Please tell us about the types of income you and your household are receiving:

Type of Income	Name of person receiving	Gross amount	How often?	Impacted by COVID-19? (Y/N)
Employment*				
Employment				
Unemployment Income**				
SSI/SSDI/SSA				
VA Benefits				
Retirement/Pension				
Income				
Child/Spousal Support				
Other				
Other				
*For employment income				
Name of employer:		Hour	rs/Week	<u></u>
Rate of pay:				
Did you lose this job or hours	after 3/17/2020 (Y/N)?			
If no, where were you working	g on 3/19/2020?			

#### \*\*For unemployment income

If you are not receiving unemployment insurance payments, have you applied? If so, what was the result? If not, why?



Additional information or comments that may be helpful:

#### **Certifications & Acknowledgments**

I/We hereby certify that all information in this application, and all information furnished in support of this application, are true and complete to the best of my knowledge and belief as of today. I/We further understand false information will disqualify me/us from participation in this program. I further certify I am aware that false statements may be cause for termination of services and may be punishable under Federal, State or local law. I understand that the above information is being collected to determine my eligibility for assistance. I certify that I have revealed all income received and assets currently held. I/We certify that only those persons listed on this application are applying for assistance and only said persons will receive assistance. I understand that it is my responsibility to inform ForKids if I am being assisted with my rent or housing needs by another entity.

I/We understand that the information submitted is an application for assistance and NOT a guarantee of payment to my landlord/mortgage holder. I/We understand that the agency will not be able to begin processing this application until all information and documentation is received from my landlord/mortgage holder and from me/us. I certify that all information above is true and accurate as of this date. I will immediately notify the agency if any information changes between today and the approval of this application. Receipt of this financial assistance does not constitute participation in ForKids traditional services and will not make the household eligible for ForKids programming.

Signatures of	f all applicants 18 years of age and over:	
Name & Sign	nature	Date:
Name & Sign	nature	Date:
Name & Sig	nature	Date:
PLEASE INCL	UDE THE FOLLOWING DOCUMENT WITH YOUR APPLICATION:	
	Proof of income (pay stubs, unemployment statement, benefit awa	rd letters)
	Proof of assets (most recent bank statement or account history from	m paycard/debit
account)		



 Documentation of COVID loss (notice of lay-off, job/day care closure, paystub/bank
record showing lower than usual deposits, approved unemployment application, or
similar. If none are available, staff can help you with a self-declaration statement.
 Copy of your lease (if available)
 For mortgage holders: account statement AND documentation that forbearance has
been requested

Return by email: <a href="mailto:hotlinefinancialassistance@forkids.org">hotlinefinancialassistance@forkids.org</a> fax: 757-622-3837 or mail: PO Box 6044, Norfolk, 23508