

COVID-19 Emergency Shelter Grant Rental Assistance Program

This application is for use in determining eligibility for the City of West Memphis' Short Term COVID 19 Rental Assistance Program. This program can assist with a portion of your household's rent for up to 3 months.

General Eligibility Requirements

- Applicant must have been impacted by COVID 19 Pandemic
- Income must be below 50% of median income based on household size
- West Memphis resident
- Proof of rent arrearage

Program Income Limits

(Household Income includes all wages, unemployment benefits, child support, military benefits, and social security)
(All income is required to be reported)

1person	2 persons	3 persons	4 persons	5 persons	6 persons
\$23,800	\$27,200	\$30,600	\$33,950	\$36,700	\$39,400

For 8 or more contact Program Staff

If believe that you meet the criteria above, please continue completing and signing this application

- Any member of the household over 18 years of age and older **must** sign application and HUD Form as well as provide proper identification, and employment information.
- You <u>must</u> provide complete information regarding any employers, household members, and landlord information including phone numbers.
- You <u>must</u> complete the student affidavit for any members of the household 18 years of age or older who are attending college.
- You <u>must</u> have copies of social security and photo id of every member of the household 18 years of age or older.
- You<u>must</u> have a copy of your lease.
- Have your owner or managing agent sign the affidavit attached. Your landlord must agree to participate in this federal program.

Planning and Development Department 205 South Redding – P.O. Box 1728 West Memphis, AR 72301 PH (870) 732-7520 Fax (870) 732-7650



Application for Assistance COVID-19 Emergency Shelter Grant Rental Assistance Program

the requested assistance?			e from any other sou	rce for
If yes, be aware that you	are not eligible to	receive duplicate fund	ling under this prog	ram.
REQUESTED ASSISTAN	NCE: Rent _	Utility _	Both	
APPLICANT'S NAME: _		PHO	ONE NUMBER:	
CO-APPLICANT'S NAM	IE:	PH0	ONE NUMBER:	
RESIDENCE ADDRESS:				
MAILING ADDRESS (if	different):			
HOUSEHOLD/FAMILY Please complete the follow			in the residence:	
Full N	ame	Date of Birth	Relationship	Gender
CHARACTERISTICS C	OF HEAD OF HO	USEHOLD MEMBER	: :	
Asian Black	Hispanic	Native American (Indian) Whit	e Other
MARITAL STATUS:				
Divorced	Married	Separated	Single	Widowed
ESSENTIAL SERVICE	PERSONNEL (p	lease check one):		
Medical personnel	First Res	ponderLaw	Enforcement	
Educator	Active M	Iilitary Go	vernment Employee	

NAME: _____ PHONE NUMBER: ____ STREET ADDRESS: YEARS EMPLOYED: _____ POSITION: ____ SUPERVISOR'S NAME: Please indicate which of the following statements apply to the Applicant: I have experienced a reduction in salary as a result of the coronavirus (COVID19) Explain: I have had my hours reduced as a result of the coronavirus (COVID19) Explain: I have been furloughed as a result of the coronavirus (COVID19) Explain: I have been laid off as a result of the coronavirus (COVID19) Explain: I have been terminated as a result of the coronavirus (COVID19) Explain: Explain: Other Explain: CO-APPLICANT'S EMPLOYER (CURRENT) NAME: _____ PHONE NUMBER: ____ STREET ADDRESS: YEARS EMPLOYED: _____ POSITION: ____ SUPERVISOR'S NAME: _______

EMPLOYMENT: APPLICANT'S EMPLOYER (CURRENT)

Please indicate which of the following statements apply to the Co-Applicant:
I have experienced a reduction in salary as a result of the coronavirus (COVID19) Explain:
I have had my hours reduced as a result of the coronavirus (COVID19) Explain:
I have been furloughed as a result of the coronavirus (COVID19) Explain:
I have been laid off as a result of the coronavirus (COVID19) Explain:
I have been terminated as a result of the coronavirus (COVID19) Explain:
Other

HOUSEHOLD INCOME: Please indicate an amount and if you are paid weekly, bi-weekly, bi-monthly, monthly, or annually.

SOURCE	APPLICANT	CO-APPLIANT	OTHER AGE 18+
Gross Salary(before deductions)			10+
Overtime, Tips, Bonuses, etc.			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			
Unemployment/Workers Comp			
Alimony, Child Support			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF, Aid to Families			
with Dependent Children, etc.)			
Other			
TOTALS			

ASSETS:

APPLICANT

TYPE	CASH	INCOME	BANK OR	ACCOUNT
	VALUE	FROM ASSET	POLICY NAME	NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES (other than main)				_
TOTALS				

CO-APPLICANT

ТҮРЕ	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES				
TOTALS				

ADULT MEMBER OF HOUSEHOLD

ТҮРЕ	CASE VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Collectibles				
Whole Life Insurance				
VEHICLES (other than main)				
TOTALS				

HOUSEHOLD LIABILITIES:

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
Mortgage			
2 nd Mortgage			
Rent/Lease Payment			
Car Loan			
Credit Card			
Credit Card			
Vehicle Loan			
Other			
TOTALS			

Are you or the co-applicant on a waiting list for assistance from another agency?YesNo
If you have answered yes, please list the agency and describe the requested assistance:

All of the following documents must be returned with this application:

- Copy of valid identification card or driver's license for every household member 18 years and older
- Copy of Social Security Cards for all household members
- Paystubs showing employment status on or before April 1, 2020 or a statement from employer
- Most recent tax returns. If filing separately, copies for all members.
- Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.)
- Self-Declaration Form (Attachment A) for all adult household members if you report no income.
- Bank Statements (checking, savings, money market, annuities, cash cards, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household
- Social Security Number Waiver Form (Attachment B)
- Release of Information From (Attachment C)

The following documents must be attached to this application (as applicable for the type of assistance being sought:

- Current Lease (showing monthly rent)
- Statement from Landlord showing arrearage/amount due

Warning: Failure to provide all required documentation will delay assistance and may result in the denial

WARNING: False statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/We understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I/We also agree to provide any other documentation necessary to verify my/our eligibility.

I/We are aware that all non-exempt information	is subject to Arkansas's Public Records La
Signature of Applicant	Date
Signature of Co Applicant	Date
Other 18+ Household Member	Date
Other 18+ Household Member	Date
Reviewed by:City of West Memphis Staff	Date

DISASTER SELF- CERTIFICATION OF INCOME FORM

ATTACHMENT A

(To be completed by <u>adult</u> household members only, if appropriate.)

Hou	sehol	ld Name		Local Government Cit	y of West Memphis
1.		I hereby	certify that I am a victim of	f COVID-19 (coronavirus pandemic)	
2.	I wil	l receive N		sources over the next 12 months: (Circle Y (ye including commissions, tips, bonuses, fees, etc.)	
	Y	N	Income from operation of a	a business;	
	Y	N	Rental income from real or	personal property;	
	Y	N	Interest or dividends from a	assets;	
	Y	N	Social Security payments, a	annuities, insurance policies, retirement funds, p	ensions, or death benefits;
	Y	N	Unemployment or disabilit	y payments;	
	Y	N	Public assistance payments	;	
	Y	N	Periodic allowances such a	s alimony, child support, or gifts received from J	persons not living in my household;
	Y	N	Sales from self-employed r	resources (For example: Avon, Mary Kay, Shakle	ee, etc.);
	Y	N	Any other source not name	d above.	
	Y	N	I currently have no income status during the next 12 m	of any kind and there is no imminent change experienths.	ected in my financial status or employment
]	Please ex	xplain any Y (yes) answers	and list the annual amounts:	
	-				
	-				
	3.		ertify that I have provided in	ncome documentation for all income sources (Fo	or example: W-2 Forms, paycheck stubs
	٥.		nings statements, etc); or	neome documentation for an income sources (Fe	or example: W 21 offins, payeneer stabs,
		Пта	outify that I am smahla to mu	ovide complete: 3 rd party verification or income	de aumontation hagavaga
		☐ 1 C	ertify that I am unable to pro-	ovide complete: 3 rd party verification of income	documentation because:
	4.]	I will be	using the following sources	s of funds to pay for rent, food, transportation, ut	tilities, and other necessities:
				1 3	,
The	refor	e. I cert	ifv mv anticipated gross a	nnual income for the next 12 months to be: \$_	
			-	formation presented in this certification is true a	
The	unde	rsigned	urther understand(s) that pr	roviding false representations herein constitutes	an act of fraud. False, misleading or
			nation may result in the tern municipality.	mination of a lease agreement. The information	provided is subject to verification by the
cour	10, 01	ciigioic	mamerpanty.		
	Si	onature (of Applicant	Printed Name of Applicant	
_	D1 ₂	Snatare	7 Applicant	Timed Name of Applicant	Dute
		OF ARK			
			ITTENDEN med) and described before a	me this day of, 20, by	
	(INC	OTARY	SEAL)	Signature_	
				-	N
Pers	onall	y Know	nOR Produced Id	lentification	Name of Notary (Typed, Printed, or Stamped)
		-			

CITY OF WEST MEMPHIS EMERGENCY SHELTER GRANT COVID19 RENTAL ASSISTANCE PROGRAM

Social Security Number Waiver

City of WEST MEMPHIS collects your Social Security Number for a number of different purposes. Your Social Security Number is being collected only for the purpose of income certification for the above-referenced program. This information is used to verify employment benefits, Social Security benefits, employment, and other related information. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the City's program.

Certification and Waiver of Privacy

The applicant(s) certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding from City of West Memphis' Emergency Shelter Grant COVID19 Rental Assistance Program.

I/We understand that willful false statements or misrepresentations concerning income, assets, or liability information relating to your financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Arkansas Statutes. I/We further understand that any willful misstatement of information will be grounds for disqualification and barring of any future assistance. I/We certify to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance.

I/We agree to provide any documentation needed to assist in determining eligibility and aware that all information and documents provided are a matter of public record. I/We hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to City of West Memphis, its agents, subrecipients, and contractors to examine any confidential information given herein.

Signature of Applicant	Date	Signature of Co-Applicant	Date
Signature Other Household Member Date		Signature Other Household Mer	nber Date

ATTACHMENT C

CITY OF WEST MEMPHIS EMERGENCY SHELTER GRANT COVID19 RENTAL ASSISTANCE PROGRAM RELEASE OF INFORMATION FORM

I/We,		dersigned do hereby authorize bility, information regarding my/out
employment, income and/or assets to the gas part of my application for assistance ur	City of West Memphis for the purp	oses of verifying information provided
INFORMATION COVERED		
I/We understand that previous or current that may be requested include, but are no or child care allowances. I/We understar me/us that is not pertinent to my eligibility	t limited to: personal identity, emp nd that this authorization cannot be	ployment, income, and assets; medical
GROUPS OR INDIVIDUALS THAT MA	AY BE ASKED	
The groups or individuals that may be ask	ted to release the above information	include, but are not limited to:
Past and Present Employers Previous Landlords (including Public Housing Agencies) Support and Alimony Providers	Welfare Agencies State Unemployment Agencies Social Security Administration	Veterans Administration Retirement Systems Banks and other Financial Institutions
CONDITION		
I/We agree that a photocopy of this authorization is on file and will stay in eff have a right to review this file and correct	ect for a year and one month from t	he date signed. I/We understand I/We
Head of Household	Social Security No.	Date
Spouse	Social Security No.	Date
Adult Member	Social Security No.	Date
Adult Member	Social Security No.	Date

NOTE: This General Consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.