

City of Temple – United Way

CDBG CV Rent, Utility and Mortgage Assistance Program

Participant Guidelines

The City of Temple is receiving a special allocation to the Community Development Block Grant funds to be used to prevent, prepare for, and respond to the Corona virus (COVID-19). This allocation was authorized by the *Coronavirus Aid, Relief, Economic Security Act (CARES Act)*, Public Law 116-136, which was signed by President Trump on March 27, 2020, to respond to the growing effects of this historic health crisis. Grantees received guidance describing the immediate availability of waivers uncapped percentage of CDBG funding for public services to prevent, prepare for, and respond to coronavirus, as well as other flexibilities. This is the first allocation of this type of funding. HUD is developing a formula to allocate a second round of CARES Act funding soon.

Program Goals

The purpose of this fund is to help city residents who are enduring financial hardship and are unable to make their regular rental, utilities, and/or mortgage payments due to COVID-19. The grant will be for up to three (3) months to aid and alleviate the housing burden for low income households that have lost employment income as the result to the pandemic. The assistance amount will depend on household needs.

Eligibility Requirements

COVID-19 Assistance Program will pay missed rent, mortgage, and/or utilities from COVID-19 related loss of wages. Rent, utilities, and/or mortgage arrearages prior to March 31, 2020 are not eligible. Applications will be reviewed on a first-come, first-serve basis. **Only completed applications that include all required attachments will be reviewed for eligibility.** Therefore, it is very important to submit a COMPLETE application package as soon as possible.

Payments will be made directly to landlords, mortgage companies, and utility companies. Property owners/landlords must agree to participate in the program. Landlords/property owners cannot be part of household.

Applicants who are receiving assistance from another federally funded grant program are not eligible for an emergency payment through the COVID-19 program. This includes, but not limited to, other CARES Act programs and Section 8 assistance.

Applicants must reside in the corporate city limits of Temple and must meet the income limits set by the U.S. Department of Housing and Urban Development for household size not to exceed 80% area median income (*see chart below*).

2020 HUD Home Income Limits –

FY 2019 Income Limit Area	Median Family Income Explanation	FY 2019 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Killeen-Temple, TX HUD Metro FMR Area	\$63,900	Very Low (50%) Income Limits (\$) Explanation	22,400	25,600	28,800	31,950	34,550	37,100	39,650	42,200
		Extremely Low Income Limits (\$)* Explanation	13,450	16,910	21,330	25,750	30,170	34,590	39,010	42,200*
		Low (80%) Income Limits (\$) Explanation	35,800	40,900	46,000	51,100	55,200	59,300	63,400	67,500

Your **total annual household income must fall below 80%** of City of Temple’s area median income.

Program Requirements Checklist: ALL DOCUMENTS BELOW MUST BE TURNED IN BEFORE APPLICATION CAN BE REVIEWED. NO EXCEPTIONS.

All Applicants:

- Complete application and attach the following forms as applicable:
- Copy of Texas Driver’s License or State Identification Card or other Federally issued Identification Card for all household members over age 18;
- Applicants will be required to provide household income to include copy of the most recent 3 months of paystubs for all household members over age 18;
- Assets – copy of last continuous six months of bank statements for all checking and one month for savings account;
- Copy of expenses for the timeframe prior to when the household member (s) suffered reduction in income;
- Documentation of suffered reduction through lay-off, furlough, reduction in hours, or termination;
- Documentation of rent, utility, or mortgage owed;
- Documentation of the relief programs applied for including the history of benefits received or estimated benefits;
- Demonstrated gap between unemployment benefits and regular income;

For Renters:

- Renter must provide documentation from the rental property owner that no evictions were pending prior to Covid-19;

- A Lease Agreement or a letter/email from the rental property owner the amount of rent the tenant pays and a statement that the household was in good standing.
- Notification from landlord or property manager that tenant does not qualify for forbearance or reduction in rent.

For Homeowners:

- Homeowner must provide notification from Lender that the owner does not qualify for a mortgage forbearance or suspension of mortgage payment;
- Mortgage Statement showing the amount of Principal and Interest

Review and Approval

Submit application and documents by email to: covidrelief@uwct.org

The applications will be reviewed by United Way staff for eligibility and may use a third-party verification. United Way will use Part 5 Income Determination Method. The application will either be approved or denied for assistance and you will be notified of the decision. If approved, you will receive a phone call with further instructions. If denied, you will be notified by your preferred method of contact.

CDBG Eligibility and National Objective:

This program is eligible for CDBG funding under 570.207(b)(4) and the National Objective is LMI Limited Clientele 570.208(2)(C).

Environmental Review Requirements:

This program is classified as 24 CFR 58.35(b) (2) a Categorical Exclusion Not Subject to 58.5.

There is no obligation by the City of Temple or United Way to fund a submitted application. All funding considerations are subject to the availability of funds and program regulatory and statutory guidance from the U.S. Department of Housing and Urban Development.

COVID-19 Community Relief Fund Application for Individual/Family Assistance

Assistance requested: Housing____ City Utilities____ Other Utilities____ Other____ Referral for other services ____

How did you hear about the UWCT COVID-19 Fund? _____

PERSONAL INFORMATION

Applicant Name: _____ Co-Applicant Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

of people in household: _____ Ages: _____

Weekly Household Income before COVID-19: \$ _____ Weekly Household Income today: \$ _____

HOUSEHOLD MEMBERS:

Name	Relation to Applicant	Date of Birth	Age	Gender	Ethnicity-Hispanic (Y/N)	Race-select number below	Receives Income (Y/N)	Type of Income	Monthly Amount Earned

**Race—select one (1) and place number in section above.
11 White, 12 Black/African American, 13 Asian, 14 American Indian/Alaska Native, 15 Native Hawaiian/Other Pacific Islander, 16 American Indian/Alaska Native & White, 17 Asian & White, 18 Black/African American & White, 19 American Indian/Alaska Native & Black/African/American, 20 OTHER MULTI-RACIAL**

Employment: Must have employer name & contact information from the job affected by COVID-19.

Applicant Name: _____

Employer Name: _____

Employer Address: _____

Company: _____

How long employed: _____

Supervisor Contact Name: _____

Employer Phone: _____ Employer Email: _____

Impact of COVID-19 to Employment (change in employment status must be the direct result of employer decisions or government mandates):

Current Job Status: Employed: _____ Reduction of hours: _____ Laid Off: _____ Terminated: _____ Other: _____

Effective date of Status Change: _____

Co-Applicant Name: _____

Employer Name: _____

Employer Address: _____

Company: _____

How long employed: _____

Supervisor Contact Name: _____

Employer Phone: _____ Employer Email: _____

HOUSING ASSISTANCE REQUEST

Landlord/Leasing Agent/Mortgage Company: _____

Phone: _____

Billing Address: _____

Manger/Landlord Name: _____ Email: _____

Name on Lease or Mortgage: _____ Monthly Payment: _____

Rent Information:

Do you have a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you lived there?	
Are you behind on your rent/mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent \$	Due Date:
How much do you owe in back payments?	\$	For which months?	
Do you owe late fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Much?	
Do you receive rent assistance? (i.e. Section 8)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of assistance?	

UTILITY ASSISTANCE REQUEST (includes city water bills):

Utility Company or City Utilities: _____

Billing Address: _____

Name on Bill: _____

Have you missed any payments: Do you have any late fees: _____

Current Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment: If yes, how much: _____

Other Assistance Requested (i.e. Child Care, Car Payment, Prescriptions, Other Household Bills):

Please explain request and amount requested: _____

Have you received assistance for COVID-19 from another source: _____

If yes, from where: How much: _____

COVID-19 has affected my household in the following way: (Describe the need for assistance and how the household has been affected by the COVID-19 pandemic.)

I hereby certify that the information and statements made on this form and all information furnished in support of the application for assistance are true and correct to the best of my belief and knowledge. I agree to give United Way of Central Texas any information necessary to prove statement about my eligibility. I furthermore give United Way of Central Texas permission to contact my employer, benefit provider, or creditors to verify information I have provided to establish my eligibility. I understand that this application will be considered without regard to race, color, religion, creed, national origin, or political belief. I understand if granted assistance, it is a ONE TIME ONLY GRANTED ASSISTANCE.

The applicant agrees that this application may be electronically signed. The applicant agrees that the electronic signature appearing on this application is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction. Administered on behalf of the City of Temple Community Development Block Grant - CDBG-CV - U.S. Department of Housing and Urban Development.



United Way of Central Texas

UNITED WAY OF CENTRAL TEXAS

COVID-19 Community Relief Fund

Employment Status Verification

Must be completed by employer. A signed letter from the employer can be substituted.

Today's Date: _____

This statement is to confirm that _____ is/was employed at

_____. He/She worked full-time hours of _____ per week or part-time hours of _____ per week at \$_____ per hour.

The frequency of payment was:

_____ weekly _____ bi-weekly _____ semi-monthly _____ monthly

Status of employment due to COVID - 19 as of effective date: _____

_____ Change in employment was not related to COVID-19

_____ Reduction of Hours

_____ Laid Off or Furloughed - date _____ to _____

_____ Terminated

_____ Other

Other explanation: _____

Company Name: _____

Employer Name: _____

Signature of Employer: _____

Title: _____

Address: _____ Phone: _____

