

FOR OFFICE USE ONLY:
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City of Pocatello
Neighborhood & Community Services Division
P.O. Box 4169 Pocatello, ID 83205-4169
email: ncs@pocatello.us
(208) 234-6186 OR (208)252-0125

**CITY OF POCATELLO
COVID-19 EMERGENCY ASSISTANCE PROGRAM APPLICATION**

This assistance program is funded by the Department of Housing and Urban Development (HUD) to **help people in Pocatello who have experienced a reduction or loss of income directly related to the COVID-19 pandemic.** To qualify households must be able to show that the loss of income is related to COVID-19, households must not be receiving rental, mortgage, or utility assistance from another agency, and must not have a combined household income greater than the amount listed below. This program is being administered on a first-come, first-served basis and only complete applications (with all required documentation) will be considered. Funding for this program is limited and applicants are encouraged to submit completed applications as quickly as possible.

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$37,000	\$42,250	\$47,550	\$52,800	\$57,050	\$61,250	\$65,500	\$69,700

Have you received rental, mortgage, or utility assistance or received a commitment for rental, mortgage, or utility assistance from any other source? Yes ____ No ____

Have you or the co-applicant applied for or are you on a waiting list for rental, mortgage, or utility assistance from another agency? __Yes __No

If you have answered yes, please list the agency(ies): _____

REQUESTED ASSISTANCE: Rent ____ Mortgage ____

APPLICANT'S NAME: _____ PHONE NUMBER: _____

CO-APPLICANT'S NAME: _____ PHONE NUMBER: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS (if different): _____

HOUSEHOLD/FAMILY INFORMATION

Please complete the following for ALL household members residing in the residence:

Full Name	Date of Birth	Relationship	Gender

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

RACE OF HEAD OF HOUSEHOLD MEMBER (check all that apply):

White _____ Black/African American _____ Asian _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
Other _____

HISPANIC/LATINO ETHNICITY: Hispanic _____ Non-Hispanic _____

IS ANYONE IN YOUR HOUSEHOLD DISABLED: Yes _____ No _____

IF YES, ARE THEY RECEIVING DIABILITY PAYMENTS: Yes _____ No _____

ARE YOU A FEMAIL HEAD OF HOUSEHOLD: Yes _____ No _____

MARITAL STATUS:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

EMPLOYMENT:

APPLICANT'S EMPLOYER (CURRENT)

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:

- Other
Explain:

CO-APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

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

Explain:

HOUSEHOLD INCOME:

Please indicate an amount and if you are paid weekly (**W**), bi-weekly (**BW**), bi-monthly (**BM**), monthly (**M**), or annually (**A**).

SOURCE	APPLICANT	CO-APPLIANT	OTHER MEMBERS AGE 18+
Gross Salary (before deductions)			
Overtime, Tips, Bonuses, etc.			
Social Security			
Disability			
Pensions, Veterans Benefits, Annuities, etc.			
SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBERS AGE 18+
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 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				
TOTALS				

CO-APPLICANT

TYPE	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				
TOTALS				

ADULT MEMBER OF HOUSEHOLD

TYPE	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				
TOTALS				

HOUSEHOLD LIABILITIES:

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

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 with a current Pocatello address.
- Paystubs showing employment status on or before March 19, 2020
- 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
- Income Tax Non-Filer Verification Form for everyone over 18 that doesn't file income taxes (Attachment B)
- Release of Information form (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) or Mortgage statement
- Statement from Landlord showing arrearage/amount due
- Statement from Utility Provider (showing amount needed)

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

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.

Signature of Applicant

Signature of Co-Applicant

Other 18+ Household Member

Other 18+ Household Member

Other 18+ Household Member

Other 18+ Household Member

CDBG Staff:

Reviewed by: _____
CDBG Grant Administrator/Compliance Analyst

OR

Reviewed by: _____
CDBG Program Coordinator

DISASTER SELF- CERTIFICATION OF INCOME FORM

ATTACHMENT A

(To be completed by adult household members only, if appropriate.)

Household Name _____ Local Government CITY OF POCA TELLO

1. I hereby certify that I am a victim of **COVID-19 (coronavirus pandemic)**
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
 - Y N Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - Y N Income from operation of a business;
 - Y N Rental income from real or personal property;
 - Y N Interest or dividends from assets;
 - Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - Y N Unemployment or disability payments;
 - Y N Public assistance payments;
 - Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - Y N Sales from self-employed resources (For example: Avon, Mary Kay, Shaklee, etc.);
 - Y N Any other source not named above.
 - Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Please explain any Y (yes) answers and list the annual amounts:

3. I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or
- I certify that I am unable to provide complete: 3rd party verification or income documentation because: _____

4. I will be using the following sources of funds to pay for rent, food, transportation, utilities, and other necessities:

Therefore, I certify my anticipated gross annual income for the next 12 months to be: \$_____.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant

Printed Name of Applicant

Date

INCOME TAX NON-FILER VERIFICATION

APPLICANT NAME: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

I HEREBY CERIFY THAT I DO NOT BELIEVE I HAVE AN INCOME TAX FILING REQUIRMENT.

1. The main source of income I have is Social Security or Railroad Retirement Tier 1;
2. I have provided copies of all relevant tax documents.

Print Name:

Phone Number

Signature:

Date:

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Authorization for the Release of Information

Organization Requesting Release of Information: City of Pocatello (CITY)	Applicant Name: _____ Address: _____ City, State Zip Code: _____
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Purpose: In signing this consent form, you are authorizing the above-named organization to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and criminal history. CITY needs this information to verify your eligibility for housing assistance. CITY may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: CITY will protect the information it obtains with appropriate and reasonable security measures. CITY may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information, and fraud prevention purposes. CITY is required to protect the information it obtains in accordance with any applicable State privacy law. CITY employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on this consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility for housing assistance. Denial of eligibility may be subject to CITY's grievance procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Current and Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

Consent: I consent to allow CITY to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my typed name shall have the same legal validity and enforceability as a manually executed signature to the fullest extent permitted by applicable law.

Signatures:

Head of Household	Date		
Spouse or Co-head	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.