**NASHVILLE-DAVIDSON COUNTY**

**COVID-19 APPLICATION for**

 **RENT/MORTGAGE ASSISTANCE**

**Affordable Housing Resources**

**in partnership with**

**MDHA** **CDBG-CV program**

**or**

**United Way’s Metro Cares Act Program.**

CHECK THE BOX FOR THE PROGRAM YOU ARE APPLYING FOR

 **🞎 RENT ASSISTANCE 🞎 MORTGAGE ASSISTANCE**

**SECTION 1: GENERAL INFORMATION**

**APPLICANT** *(first and last name)***:**

**CO-APPLICANT** *(first and last name*)**:**

**PROPERTY ADDRESS**: **CITY:**  **ZIP:**

**IS THIS YOUR PRIMARY ADDRESS?** □Yes □No **ARE YOU CURRENTLY LIVING IN THE HOME?** □Yes □No

**TELEPHONE NUMBERS:**  ( ) ( ) ( )

 **Home Telephone** **Cell Phone** **Work Telephone**

**EMAIL ADDRESS, if applicable:**

**SECTION 2: DEMOGRAPHIC INFORMATION**

*The information requested below is for statistical purposes only and has no bearing on the approval of your application for assistance. Please check the boxes that apply to the applicant(s).*

**Head of Household**: □Male □Female □Other/non-conforming

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Veteran** □Yes □No

**Active Military** □Yes □No

**RACE: SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES:**

☐ African American ☐American Indian or Alaska Native ☐ Asian ☐ Caucasian ☐Native Hawaiian/Other Pacific Island ☐Other

**English Proficiency** □Yes □No

**Birthdate** Applicant­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:** □Married □Single □Divorced □Widowed □Separated □Unknown

**Education** □ High School □University □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disabled** □Yes □No

**Disabled Dependent** □Yes □No

☐ **I CHOOSE NOT TO PROVIDE THIS INFORMATION.**

**SECTION 3: RENTAL ASSISTANCE HOUSING INFORMATION**

***\_\_\_\_\_\_\_(Please write in N/A if you are applying for Mortgage Assistance***

**I certify by completing this section that I am or anticipate being behind on my rent and experiencing a housing crisis and facing potential homelessness due to loss of income when COVID-19 restrictions were imposed by the Metro Nashville & the State of Tennessee.**

*If any item does not apply to your particular situation, list it as N/A*

**NAME APARTMENT COMPLEX** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**PROPERTY MANAGER/COMPANY NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEASE START/END DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **$ AMOUNT OF MONTHLY RENT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**DATE RENT BECAME DELINQUENT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **$ AMOUNT OF TOTAL RENT ARREAGE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$ AMOUNT OF LATE FEES/INTEREST CHARGES** \_\_\_\_\_\_\_\_\_\_\_\_ **HAS AN EVICTION NOTICE BEEN RECEIVED?** ☐ Yes ☐ No

**IF YES, DATE OF NOTICE AND EFFECTIVE DATE OF EVICTION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE YOU CURRENTLY RECEIVING ANY TYPE OF FEDERAL HOUSING ASSISTANCE?** □Yes □No

**IF YES, INDICATE WHICH TYPE OF HOUSING ASSISTANCE YOU ARE RECEIVING:** PUBLIC HOUSING□Yes □No

HOUSING CHOICE / SECTION 8/OR OTHER VOUCHERS□Yes □No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 4 – MORTGAGE ASSISTANCE HOUSING INFORMATION**

***\_\_\_\_\_\_\_(Please write in N/A if you are applying for Rental Assistance***

**I certify by completing this section that I am or anticipate being behind on my mortgage(s) and experiencing a housing crisis and facing potential homelessness due to loss of income when COVID-19 restrictions were imposed by the Metro Nashville & the State of Tennessee.**

*If any item does not apply to your particular situation, list it as N/A*

**NAMES OF ALL MORTGAGE COMPANY (IES)/LOAN SERVICERS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TELEPHONE**#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE**#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCOUNT #’S ALL LOANS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**$ AMOUNT OF MONTHLY MORTGAGE PAYMENT (S) (LIST SEPARATELY IF MORE THAN ONE**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$ AMOUNT OF TOTAL MORTGAGE DELINQUENCY (ALL MORTGAGE(S) (LIST SEPARATELY IF MORE THAN ONE**)\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MONTH/DATE OF 1ST DELINQUENCY**\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU RECEIVED A FORECLOSURE NOTICE FROM YOUR LENDER?** □Yes □No

**ARE HOA FEES (IF ANY) AND TAXES AND INSURANCE INCLUDED IN YOUR MORTGAGE?** □Yes □No **IF NO, ARE THEY CURRENT?** □Yes □No

**IS THE PROPERTY LISTED FOR SALE?** □Yes □No

**HAVE YOU APPLIED FOR/RECEIVED ANY TYPE OF PAYMENT RELIEF/CONCESSIONS FROM YOUR LENDER?** □Yes □No

**IF YES, PLEASE DESCRIBE OR PROVIDE COPIES OF ANY CORRESPONDENCE RECEIVED FROM YOUR LENDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 5 – FINANCIAL HARDSHIP QUESTIONAIRE/SCREENING QUESTIONS**

**EMPLOYMENT –** *complete requested information and check all that apply:*

**As of January 1, 2020, I was employed full time □ (32 hours/week – can be from multiple employers) □ part time (less than 32 hours/week) when COVID-19 restrictions were imposed by Metro Nashville & the State of Tennessee. My position at my employer(s) prior to COVID -19 restrictions were put into place was *(describe position): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**1. □ I have already regained employment and have sufficient income to resume making rent/mortgage payments after assistance is provided.**

**2. □ My employer(s) has guaranteed my return to employment *once COVID-19 restrictions are fully lifted*** **and I am currently receiving unemployment compensation and have sufficient income to resume making rent/mortgage payments after assistance is provided.**

**3. □ My employer(s) has contacted me to return to work on** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and has guaranteed return to my previous position and scheduled hours and I anticipate having sufficient income to resume making rent/mortgage payments after assistance is provided until I am able to return to work on the above date.**

 **4. □ My employer(s) has not guaranteed my return to employment, but I anticipate having sufficient income**

 **from other sources to resume making rent/mortgage payments after assistance is provided.**

 **5. □ My employer(s) has not guaranteed my return to employment and at this time, I do not know if I**

 **will be able to resume making rent/mortgage payments after assistance is provided.**

**COVID-19 has affected my household in the following ways:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 6: INCOME – SELF-CERTIFICATION**

**INCOME is defined as the total annual gross income (before taxes) of all family and non-family members 18+ years old**

**living in the household. All sources of income must be counted from all persons in the household based on the income**

**anticipated to be received within the next 12 months.**

**Please circle your household size (Column A) on the chart below. Then, check your annual household income range (Column B.) based on your household size. For households larger than 6 persons, contact Sharon Bosworth 615-251-0025 ext 0**

|  |  |
| --- | --- |
| **A. Household Size** | **B. Total Household Income** |
|  | **0-30%** | **31-50%** | **51-80%** |
| 1 | **❑** 0 - $17,300 | **❑** $17,301 - $28,850 | **❑** $28,851 - $46,100 |
| 2 | **❑** 0 - $19,800 | **❑** $19,801 - $32,950 | **❑** $32,951- $52,700 |
| 3 | **❑** 0 - $22,250 | **❑** $22,251 - $37,050 | **❑** $29,751 - $59,300 |
| 4 | **❑** 0 - $26,200 | **❑** $26,201 - $41,150 | **❑** $41,151 - $65,850 |
| 5 | **❑** 0 - $30,680 | **❑** $30,681 - $44,450 | **❑** $44,451 - $71,150 |
| 6 | **❑** 0 - $35,160 | **❑** $35,161 - $47,750 | **❑** $47,751 - $76,400 |

**My annual household income is above the amounts listed on the table.**

**My total household income is\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**My household size** **is** ­­­­­­\_\_\_\_\_\_\_\_\_ **persons.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 7 – ASSET SELF–CERTIFICATION**

**ASSETS are defined as funds available/accessible to the applicant/co-applicant and includes money in savings, checking accounts, bonds, stocks, bonds, CDs, IRAs, 401k, surrender value of life insurance, equity in real estate (other than your primary residence), etc. Please check/complete the category below that best describes the value of your assets.**

 **The $ value of my household assets is:**

 **❑ Less than $5,000**

 **❑ Above $5,000 with an approximate value of $\_\_\_\_\_\_\_\_ \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 8: ADULTS OR CHILDREN LIVING IN HOUSEHOLD**

**TOTAL NUMBER OF PEOPLE LIVING IN THE HOME***:*

*List all current household members below. Indicate relationship of each member to the applicant (spouse, sibling, etc.).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member Name** | **Relationship to****Applicant** | **Gender****M/F** | **Age** | **Type of Identification** **Provided** |
|  | **Applicant** |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |

**SECTION 9: ANTICIPATED ANNUAL HOUSEHOLD INCOME INFORMATION**

**Just fill in the boxes where you receive income. Write a 0 in the other boxes.**

**PLEASE ENTER THE AMOUNT OF ANTICIPATD GROSS (BEFORE TAXES) ANNUAL INCOME for each household member 18 or older in the appropriate category in the table below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INCOME SOURCE** | **APPLICANT** | **CO-APPLICANT** | **OTHER HOUSEHOLD MEMBER 18 or OLDER** | **TOTAL** |
| Salary |  |  |  |  |
| Overtime, Commission, Tips, Bonuses |  |  |  |  |
| Alimony, Child Support |  |  |  |  |
| Social Security |  |  |  |  |
| Pensions, Retirement, etc. |  |  |  |  |
| Unemployment (include $600 a week, if receiving), Workers’Compensation |  |  |  |  |
| Business Net Income  |  |  |  |  |
| Rental Property Net Income  |  |  |  |  |
| Welfare Payments |  |  |  |  |
| Interest and/or Dividends |  |  |  |  |
| TANIF/WIC |  |  |  |  |
| COVID-19 Payroll Program Payments – or rent/mortgage assistance |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION 10: APPLICANT(S) SIGNATURE/CERTIFICATION**

By signing below, I/we certify that the information provided in this application is accurate and complete and that we are residents of Nashville-Davidson County. I/we further acknowledge that eligibility for services funded through the CDBG-CV program is based upon having a qualifying annual family income level, and that the income level and/or status I have indicated in this self-certification is subject to further verification by the agency providing services, MDHA and/or HUD. I/we acknowledge that meeting program eligibility requirements does not guarantee assistance will be provided. I/we acknowledge and understand any false statements or false information made on this application will result in immediate denial of my/our application for this program.

I/we will provide documentation of all income sources upon request.

**APPLICANT’S SIGNATURE DATE**

**CO-APPLICANT’S SIGNATURE DATE**

**When Completed Fax, Email, Mail, or Hand Deliver To:**

**Sharon Bosworth**

**615-251-0025 ext 0**

**Sbosworth@ahrhousing.org**

**50 Vantage Way Suite 107, Nashville, Tn 37228**

**Fax 615-256-9836**

***Affordable Housing Resources does not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.***

**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.**

**NASHVILLE-DAVIDSON COUNTY CDBG-CV**

**COVID-19 RENT/MORTGAGE EMERGENCY ASSISTANCE PROGRAM**

**DUPLICATION OF BENEFITS QUESTIONNAIRE**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark the box below regarding any prior assistance:

* I/we have **not** applied for or received **any** funding assistance for rent or mortgage from another agency in the past 12 months.

(Initial)\_\_\_\_\_\_\_\_\_(Initial)\_\_\_\_\_\_\_\_\_\_.

* I/we have applied and received funding assistance from the following agencies to assist us with rent or mortgage in the past 12 months. (Initial)\_\_\_\_\_\_\_\_\_(Initial)\_\_\_\_\_\_\_\_\_\_.

Please list name of all organizations and amount received:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested$\_\_\_\_\_\_\_\_\_\_ Received$\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_

Time Period Supported by $ Received (i.e., March 2020 – June 2020, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested$\_\_\_\_\_\_\_\_\_\_ Received$\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_

Time Period Covered by $ Received (i.e., March 2020 – June 2020, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested$\_\_\_\_\_\_\_\_\_\_ Received$\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_

Time Period Supported by $ Received (i.e., March 2020 – June 2020, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are there **any** applications pending from other agencies: Yes or No

(IF yes Name of Agency, Date Applied and Period to be covered by $ received (i.e., March 2020 – June 2020, etc.)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_Period Covered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_ Period Covered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Period Covered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION**: I certify that the information that I have provided above is an accurate and complete disclosure.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NASHVILLE-DAVIDSON COUNTY CDBG-CV**

**COVID-19 RENT/MORTGAGE EMERGENCY ASSISTANCE PROGRAM**

**AGREEMENT TO REPAY ANY DUPLICATION OF BENEFITS**

I/we\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as Applicant(s) seeking emergency rent/mortgage assistance residing at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ in Nashville-Davidson County agree to promptly reimburse the Nashville-Davidson County CDBG-CV COVID-19 Rent/Mortgage Emergency Assistance Program for any over-payments, payments received on my/our behalf from other sources for the same period of time in excess of the amounts needed to cover arrearage/shortage that I/we received assistance from the Nashville-Davidson County CDBG-CV COVID-19 Rent/Mortgage Emergency Assistance Program, or errors in payments.

Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Date

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Witness Date