



Oakland County Community & Home Improvement

Rent, Mortgage & Utility Relief Grant Program for Citizens Affected by COVID-19 **APPLICATION PACKET**

PHASE 1: July 1, 2020 to August 31, 2020

PHASE 2: October 1, 2020 to November 30, 2020

Applications will be accepted during each phase until funds are exhausted. This program provides a one-time grant for eligible households.

[OakGov.com/COVID/Grants](https://oakgov.com/COVID/Grants)

Questions? Contact us at:

OCHousingRelief@oakgov.com | (248) 858-0730

Applications are available for download at oakgov.com/covid/grants. A hardcopy of the application can be picked up at any of the locations below or we'll mail a copy to you.

Submit applications and supporting documentation:

- Email to OCHousingRelief@oakgov.com
- Drop off applications between 8:30 a.m. and 3:30 p.m.

**Oakland County Community
& Home Improvement**

Oakland Pointe, Ste. 1900
250 Elizabeth Lake Road
Pontiac, MI 48341-0414

**South Oakland
Health Office**

27725 Greenfield Road,
Southfield, MI 48076

**Novi 52-1 District
Court Office**

48150 Grand River Avenue
Novi, MI 48374



Funding for this program is part of the Coronavirus Aid Relief and Economic Security Act (CARES) Community Development Block Grant Program through the U.S. Department of Housing and Urban Development.



Oakland County Community & Home Improvement COVID-19 Rent, Mortgage & Utility Relief Program

FY 2020/2021 Guidelines

Phase 1: July 1, 2020 to August 31, 2020

Phase 2: October 1, 2020 to November 30, 2020

Applications will be accepted during each phase until funds are exhausted.

Applications are processed on a first-come, first-qualified, first-served basis.

INTRODUCTION

This **one-time grant** is for eligible Oakland County residents to pay up to three months of past-due rent, mortgage and utility payments as a result of a temporary job loss, reduction in work hours or other income hardship caused by the COVID-19 pandemic. Payment(s) will be made by Oakland County on behalf of a qualified household up to a maximum of \$15,000 per household. This program is designed to assist low income households whose gross household income is less than 80% of the Area Median Income (AMI) as defined by the U.S. Department of Housing and Urban Development (HUD). See chart on page 4.

Please review these guidelines carefully and complete, sign, and submit by the deadline both the Application Form and the Third-Party Authorization. If you have any questions, you can contact Oakland County's Community & Home Improvement Division by email at OCHousingRelief@oakgov.com or by phone at (248) 858-0730.

PROGRAM FUNDING

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) provides critical assistance through HUD's Community Development Block Grant (CDBG) program to address community needs resulting directly from the pandemic. Approximately \$3 million in CDBG COVID funds will support the housing relief program to sustain housing for low income residents and prevent homelessness. Residents of the 53 communities participating in Oakland County's CDBG program are eligible to apply for assistance.

Residents in the following communities are not eligible for this funding program: Farmington Hills, Royal Oak and Southfield and Waterford Township, as they receive COVID CDBG funds directly from HUD. Lake Angelus, Novi Township, Southfield Township and Bingham Farms do not participate in the CDBG Program.

ELIGIBLE USE OF FUNDS

Direct payments will be made to the landlord or property manager, mortgage company or utility company on the applicant's behalf. **No payments will be made directly to the applicant.**

- Rent payment (includes land contract payments, mobile home lot rent, late fees, court costs)
- Mortgage payment and/or association fees
- Utility payment (gas, electric, water and sewer). Note: Residents of communities participating in the Water Residential Assistance Program (WRAP) must apply to WRAP for water assistance

APPLICANT ELIGIBILITY

Applicants must meet the following criteria:

- Employment/income must have been impacted by the COVID pandemic, beginning March 10, 2020 or later
- The hardship that renders the household unable to pay rent, mortgage or utilities must be COVID related
- Rent or mortgage must be past due a minimum of one month
- Rent or mortgage assistance payment must bring the balance owed current
- Applicant(s) must be a current legal resident in Oakland County's 53 CDBG participating communities with proof of ID that matches the address on the lease, mortgage statement or utility bill
- May only apply for rent, mortgage and utility assistance related to one primary property
- Have a household income at or below 80% AMI as defined by HUD at the time of application (see chart on page 4)
- One application per household
- Household liquid assets (e.g., savings, checking, cash) are limited to \$10,000
- Applicant or any member of applicant's household cannot be an Oakland County government elected official or current employee of the Oakland County Community & Home Improvement Division
- Applicant cannot currently receive any subsidized rental assistance
- Applicant must sign an agreement ensuring there are no other local, state, federal or other charitable resources paying for the same rent, mortgage or utility assistance
- Must be able to sustain future housing payments using 40% or less of household gross income

INCOME ELIGIBILITY

Applicants are qualified by the maximum income categories listed below based on the household size. Maximum gross household income is based on 80% Area Median Income (AMI) as defined by HUD. An applied assumption is that your current income will continue for the next 12 months.

HOUSEHOLD INCOME ELIGIBILITY	
Persons Per Household	Maximum Income Limits
1	\$44,000
2	\$50,250
3	\$56,550
4	\$62,800
5	\$67,850
6	\$72,850
7	\$77,900
8	\$82,900

The U.S. Department of Housing and Urban Development (HUD) recommends that households should spend less than 40 percent of gross household income for housing. Housing counseling information is available at OakGov.com/CHI

FY2020 Income Limits

APPLICATION

Funds will be provided on a first-come, first-qualified, first-served basis. For consideration, applications must be fully completed and include all required supporting documentation. Application forms can be downloaded from the County's Community & Home Improvement Division website at OakGov.com/COVID/Grants. Applications and all supporting documentation can be submitted by email to OCHousingRelief@oakgov.com. Applications can be mailed or dropped off between 8:30 a.m. – 3:30 p.m. at

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48150 Grand River Avenue Novi, MI 48374

DISTRIBUTION OF FUNDS

Once the complete application is reviewed, the applicant will be notified regarding the approval or denial. The County will issue payment to the rental owner or mortgage company directly.

NOTE: Please make sure you complete the Third Party Authorization Form.

RESOURCE REFERRALS

Referrals to other programs offering financial assistance for rent, mortgage and utilities will be recommended if an applicant is not eligible for this program or to other resources to meet additional housing needs. No cost housing counseling services may be recommended.

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Applicant Document Checklist

<input checked="" type="checkbox"/> Done	Document	Notes
<input type="checkbox"/>	Completed Application	
<input type="checkbox"/>	Third Party Authorization and Waiver of Confidentiality	
<input type="checkbox"/>	State of Michigan Photo ID (must match the address on the lease/mortgage)	
<input type="checkbox"/>	Active Lease agreement, including an agreement to rent month-to-month if expired	
<input type="checkbox"/>	Notice to Quit or other written documentation of amount of rent owed	
<input type="checkbox"/>	Most recent mortgage statement	
<input type="checkbox"/>	Most recent utility bills	
<input type="checkbox"/>	Most recent Bank Statements	
<input type="checkbox"/>	Verification of ALL sources of Income. Examples include: Pay Stubs (1 month), Unemployment Award Letter, Social Security, Disability, or SSI Award Letter, Verification of Pension, Verification of Child Support/ Alimony, Veteran's Benefit, Worker's Compensation Statement, Self-employment – Year to date Profit/Loss and last two year's income tax	

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Application

The information provided shall be kept confidential and used only for the purpose of determining eligibility for financial assistance.

Applicant Name:

Address:

Phone:

Email:

Social Security #:

I rent my home:

Yes

No

I own my home:

Yes

No

Housing Type:

Apartment

Duplex

Mobile Home

Condo

Single-Family Home

Is this your primary residence?

Yes

No

HOUSEHOLD INFORMATION

List all individuals living in your home:

	Name	Relationship	Date of Birth
Applicant			
Co-applicant			
Person 3			
Person 4			
Person 5			
Person 6			

INCOME DATA

Enter all regular gross (before taxes or other deductions such as medical insurance) monthly income, for every person living in the house, in the appropriate columns below. Income includes wages, Social Security, Disability, Social Security Income, Pensions, Veterans Administration benefits, Worker's Compensation, Michigan Department of Health and Human Services Temporary Aid to Needy Families funds, child support, alimony, unemployment, self-employment, and any other regular payments received by the household.

ANTICIPATED INCOME					
Family Members	*Monthly Gross Wages	Monthly Gross Benefits and Pensions	Monthly Public Assistance	Other Monthly Income ie: child support, alimony, unemployment	
				Amount	Specify
Applicant					
Co-Applicant					
Person 3					
Person 4					
Person 5					
Person 6					
Monthly Totals	a.	b.	c.	d.	
Total Monthly Anticipated Income (add a, b, c, and d and enter the result in e)				e.	
Total Annual Anticipated Income (multiply e by 12 and enter result in f)				f.	

**Income is calculated annually for qualification purposes.*

To calculate if you are paid with an hourly wage: Hourly wage x Number of hours x 52 divided by 12

To calculate if you are paid weekly: Weekly pay x 52 divided by 12

To calculate if you are paid bi-weekly: Bi-weekly pay x 26 divided by 12

SAVINGS, INVESTMENTS, ASSETS

Enter all liquid assets such as checking, savings, and cash on hand and on pre-paid benefit cards for all household members.

Type	Amount	Name of Institution
Checking		
Savings		
Other		
Other 2		

HARDSHIP

Describe briefly why you fell behind on your housing or utility payments? (i.e., COVID related unemployment, medical costs, child care issues):

RENT / MORTGAGE / UTILITY PAYMENT

I am seeking help with the following (check all that apply):

Type	Yes/No	Account #	Amount Due
Mortgage			
Rent			
Association Fee			
Gas/Heating Source			
Electric			
Water/Sewer			

Name of Mortgage Company/Landlord/Association: _____

Address: _____

Phone Number: _____ Email Address: _____

FAMILY CHARACTERISTICS

Female head of household:

Yes No

Disabled:

Yes No

Ethnicity:

Hispanic Non-Hispanic

Race:

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

Multi Race:

Black/African American & White American Indian/Alaskan Native & White
 American Indian/Alaskan Native & Black/African American
 Asian & White Other

APPLICANT AGREEMENT

Penalty for False or Fraudulent Statements:

U.S. C. Title 18, Sec. 1001, provides: "whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies ... or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Data Privacy Act:

The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the CDBG-CV Rent, Mortgage & Utility Relief Grant Program for Citizens. Failure to provide the requested information may jeopardize the application for rent/mortgage/utility assistance.

1. I/We understand that verification of the information provided above may be obtained from any source.
2. I/We understand, if I/We provide false information or fail to disclose full information as to any material fact/s, that this application may be rejected, may be terminated, and that I/We may be liable in a civil action or other legal remedy at the option of the County of Oakland.
3. I/We fully understand that it is a federal crime if I/We knowingly make any false statements for the purpose of obtaining this financial assistance, and that it is punishable by fine or imprisonment, or both.
4. I/We certify that all information in this application is true and complete to the best of my/our knowledge and belief.
5. I/We certify that I/We occupy the address above.
6. I/We understand that the funds will be awarded as a grant.
7. I/We certify that we will not receive duplication of benefits from another agency.
8. I/We understand that we may only receive this funding once.
9. I/We understand that we may be required to speak with a HUD certified Housing Counselor regarding our situation.

Applicant Signature

Date

Co-Applicant Signature

Date

RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO

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- Email to OCHousingRelief@oakgov.com
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THIRD-PARTY AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: _____
Mortgage Servicer/Landlord/Utility Co.

Re: _____

Name: _____

Social Security # _____

Account #: _____

This is to notify you that I (we), _____,
Client Name(s)

residing at _____, authorize
Client Address

Oakland County Community & Home Improvement and its representatives to assist me with my housing issues including contact with my mortgage servicer, landlord, and utility companies. You are authorized to provide any records and information about me and my case including confidential information that may be asked for.

(Client Signature) _____ *(Date)*

(Client Signature) _____ *(Date)*